

Name  
in  
Full

Christina Id Ahreas

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1980	July	19	85	-	-	
Sex	Male	Color of Race	White	Birth-place	Residence	
Occupation	Where Residing if not at place of death					
Colonial Mason	407 Highland Ave					
Married, Single or Widowed	Name of Wife or Husband	Elizabeth Ahreas				
Father's Name	Unknown					Father's Birthplace
Mother's Maiden Name	Unknown					Mother's Birthplace
Name of person giving information	Elizabeth Ahreas					How related to deceased
126						

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Hypertension

How long

One week

Immediate

Pneumia

How long

One day

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

W. L. Lightly, M.D.  
111 S. Charles Avenue

Accident or Suicide?

Dott Turner

Feb 23, 1910

To Baltimore Cemetery

Mother Mary Ignatia Aiken.

## CERTIFICATE OF DEATH

Died at <u>Mount de Sales</u>		Town <u>Baltimore</u> County <u>Baltimore</u>		MARYLAND		
Date of death <u>1940</u>	Month <u>Feb.</u>	Day <u>16th</u>	Age <u>70</u>	Years	Months <u>1</u>	Days <u>5</u>
Sex <u>Female</u>	Color or Race <u>white</u>			Birth-place <u>Md.</u>		
Occupation <u>Chaplain</u>		Where Residing if not at place of death <u>At place of death.</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>None</u>					
Father's Name <u>Prof. Mrs. A. Aiken</u>	Father's Birthplace <u>Albany N.Y.</u>					
Mother's Maiden Name <u>Margaret Collins</u>	Mother's Birthplace <u>Baltimore Md.</u>					
Name of person giving Information <u>Sister Mary de Chantal</u>	How related to deceased <u>Not any.</u>					
CAUSES OF DEATH						
Primary <u>Grippe</u>	How long <u>6 days -</u>					
Immediate <u>Broncho-pneumonia.</u>	How long <u>3 day</u>					

(10)

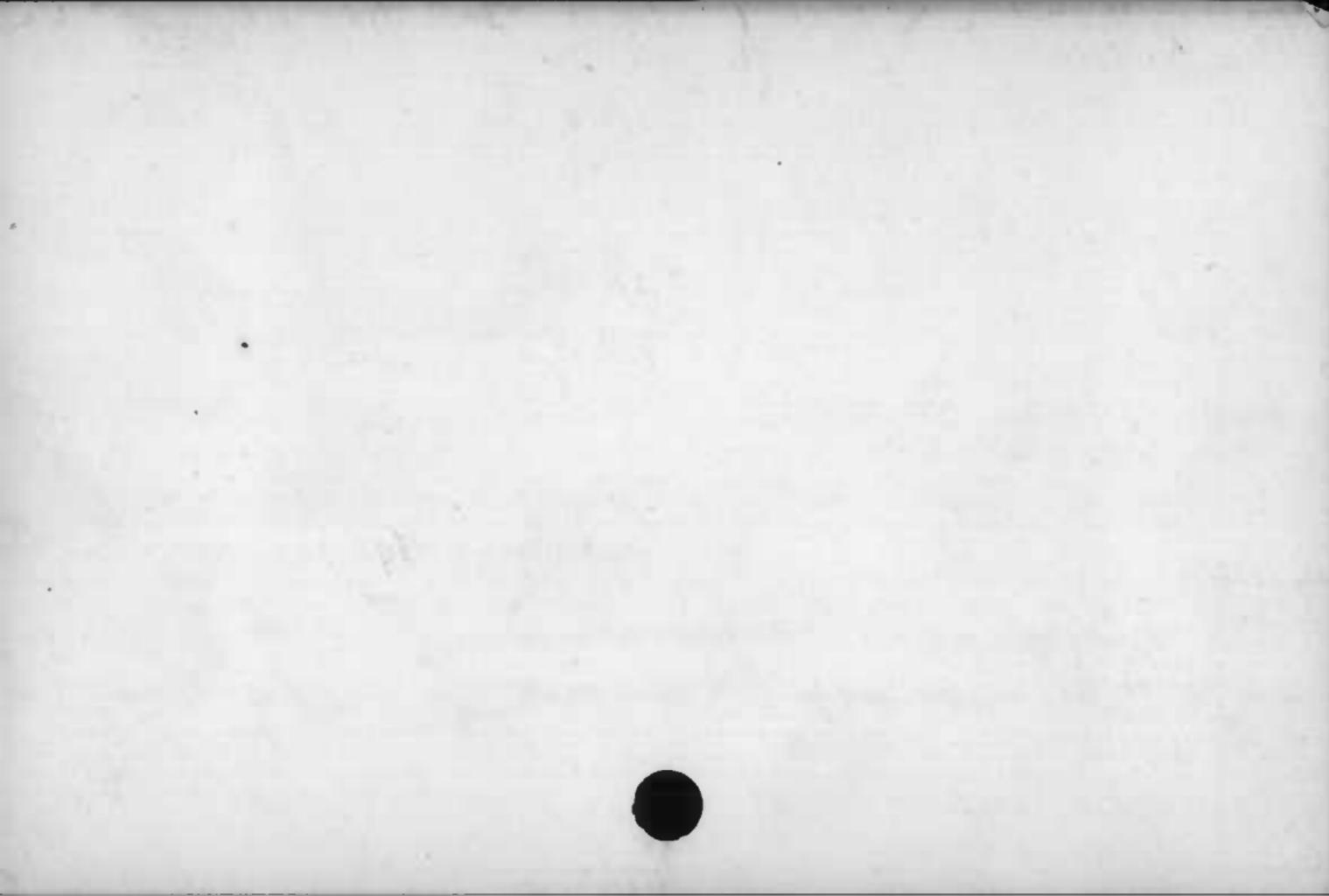
Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

J. C. Dickson M.D.  
3053 W. North Ave.

Accident or Suicide?



Name  
in  
Full

Eliza S. Akehurst

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town Purlicco	County Baltimore	MARYLAND
Date of death	Month 1918 Feb	Day 24	Years Age 63
Sex	Female	Color or Race White	Birth- place
Occupation	Where Residing if not at place of death 827 Patterson Park		
Married, Single or Widowed	Name of Wife or Husband John Akehurst	Father's Name Gernig	Father's Birthplace —
Mother's Maiden Name	Mother's Birthplace —		
Name of person giving Information	How related to deceased Son in Law		

PHYSICIAN  
OR CORONER

Primary

Cardial Bronchitis

79

How long

2 yrs

Immediate

Pulmonary Oedema

How long

12 hrs

Are the name, age, sex, color, date  
and place correctly given above?

Yes

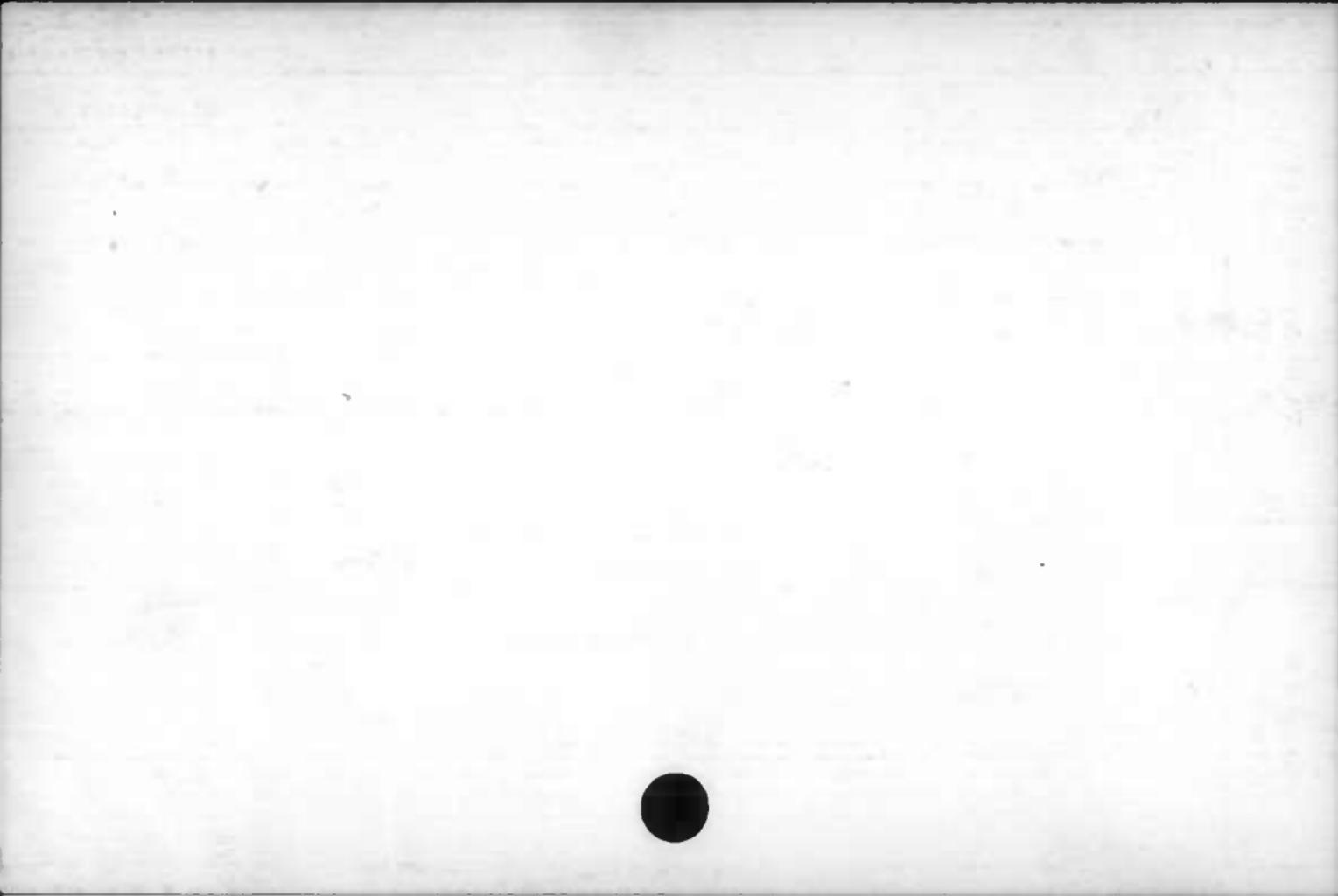
Signature of  
Physician

Address

Dr. D. Wells  
Port Huron

Accident or Suicide

No



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Sarah Jane Arnold

CERTIFICATE OF DEATH

Died at	MS. Minans		own	County	Baltimore	
Date of death 1940	Month	Day	Age	Years	Months	Days
	10	July	10	72	4	24
Sex	female	Color or Race	white	Birth-place	Baltimore Md	
Occupation	House wife		Where Residing if not at place of death	—		
Married, Single or Widowed	Married	Name of Wife or Husband	Jacob Arnold			
Father's Name	James Allen		Father's Birthplace	not known		
Mother's Maiden Name	Mary Hisey		Mother's Birthplace	Md		
Name of person giving information	Jacob. Arnold		How related to deceased	husband		

CAUSES OF DEATH

120

✓

How long

1 year

30 hrs.

How long

Primary

Bright's Disease

Immediate

Uremia

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Ges. S. M. Kupper

Address

Morell Park  
Baltimore Co Md

Accident or Suicide?

Mr. & Mrs. J. Skinner  
Auditorium Park

Name  
in  
Full

John E. Arthur

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Woodlawn</u>		Town	County <u>Balto</u>		MARYLAND	
Date of death <u>1910</u>	Month <u>October</u>	Day <u>6</u>	Age <u>47</u>	Years	Months	Days
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Balto Co</u>				
Occupation <u>Labored</u>	Where Residing if not at place of death <u>1711 Envoy St Balto Co</u>					
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Maggie Arthur</u>				Father's Birthplace <u>Ireland</u>	
Father's Name <u>Thos Arthur</u>				Mother's Birthplace <u>Ireland</u>		
Mother's Maiden Name <u>Ellen Boyle</u>				How related to deceased <u>Wife</u>		
Name of person giving information <u>Maggie Arthur</u>				27	v	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Tuberculosis

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Fred A. Swan Jr  
Acting coroner  
Baltimore County

Accident or Suicide?

J. F. Walker

# 723 W. Lafayette av

City

Name  
in  
Full

Charles Baggage

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	1900	Month 2	Day 1	Years 49	Months	Days
Sex	Male	Color or Race	White	Birth-place	Frederick C. Md	
Occupation	Labour	Where Residing if not at place of death			782 Frederick Ave	
Married, Single or Widowed	Mar	Name of Wife or Husband	Jennie Baggage			
Father's Name	Unknown	Father's Birthplace			Unknown	
Mother's Maiden Name	Margaret Vogel	Mother's Birthplace			Unknown	
Name of person giving information	Jennie Baggage	How related to deceased			Wife	
CAUSES OF DEATH				40		
Primary	Carcinoma of Stomach			Several months		
Immediate	" " "			" "		

PHYSICIAN  
OR CORONER

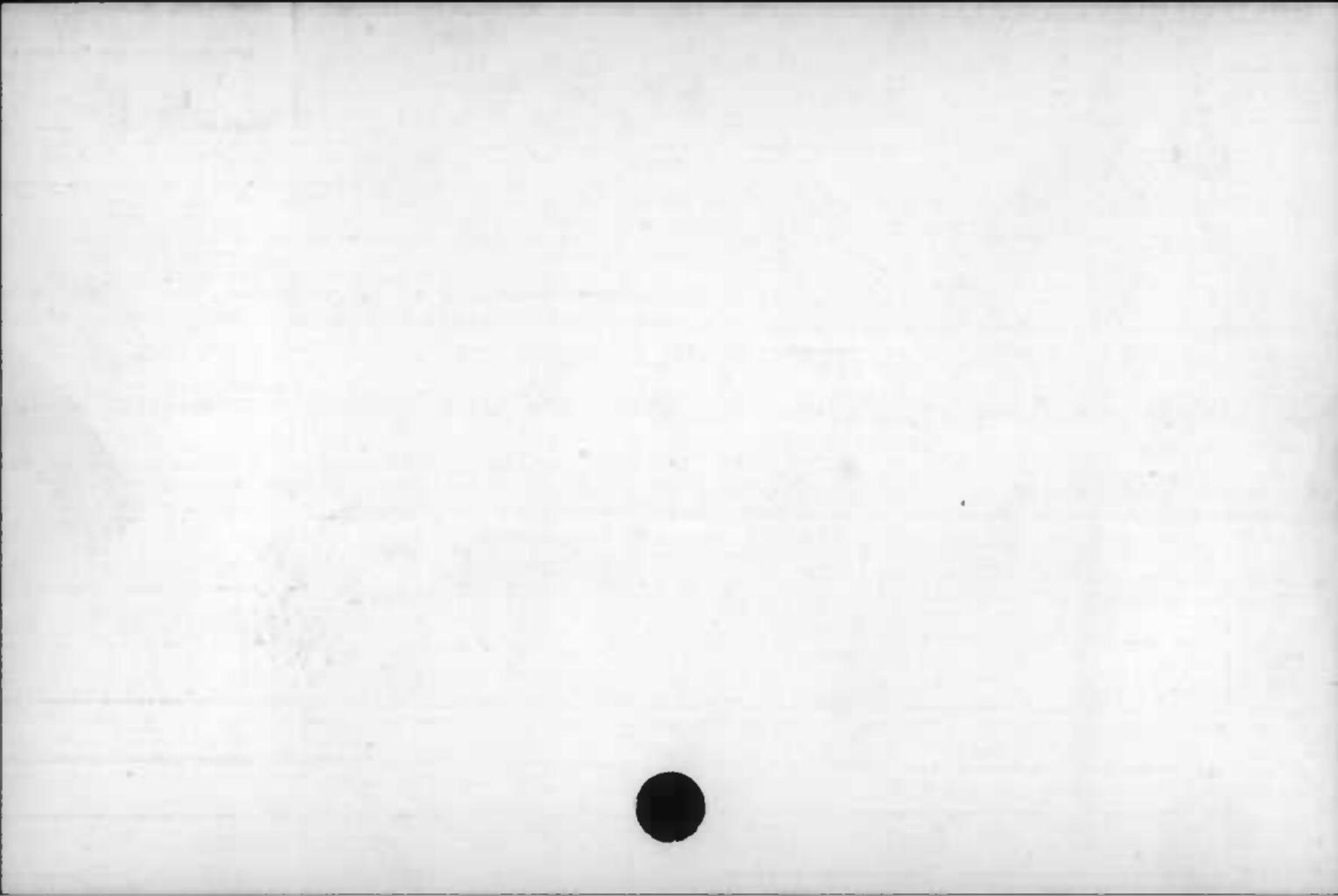
Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Bessie Ethel Baker

CERTIFICATE OF DEATH

At home, Town

Died at Baltimore

County

Baltimore

MARYLAND

Date of death 1900 February

Month

Day

Years

Age 21

Months

8

Days

Sex Female

Color or  
Race

White

Birth-  
place

Maryland

Occupation

Housewife

Where Residing if not  
at place of death

Baltimore, Md.

Married, Single  
or Widowed

Married Name of Wife or  
Husband

Howard McLean Baker

Father's  
Name

Jesse Bond

Father's  
Birthplace

Maryland

Mother's  
Maiden Name

Anna Main Baker

Mother's  
Birthplace

Maryland

Name of person giving  
Information

H. W. Baker

How related  
to deceased

Husband

CAUSES OF DEATH

29

31

Primary

Tubercular Pelvic Peritonitis

How long

6 weeks

Immediate

Tubercular Pelvic Peritonitis

How long

10 days

Are the name, age, sex, color, date  
and place correctly given above?

Yes

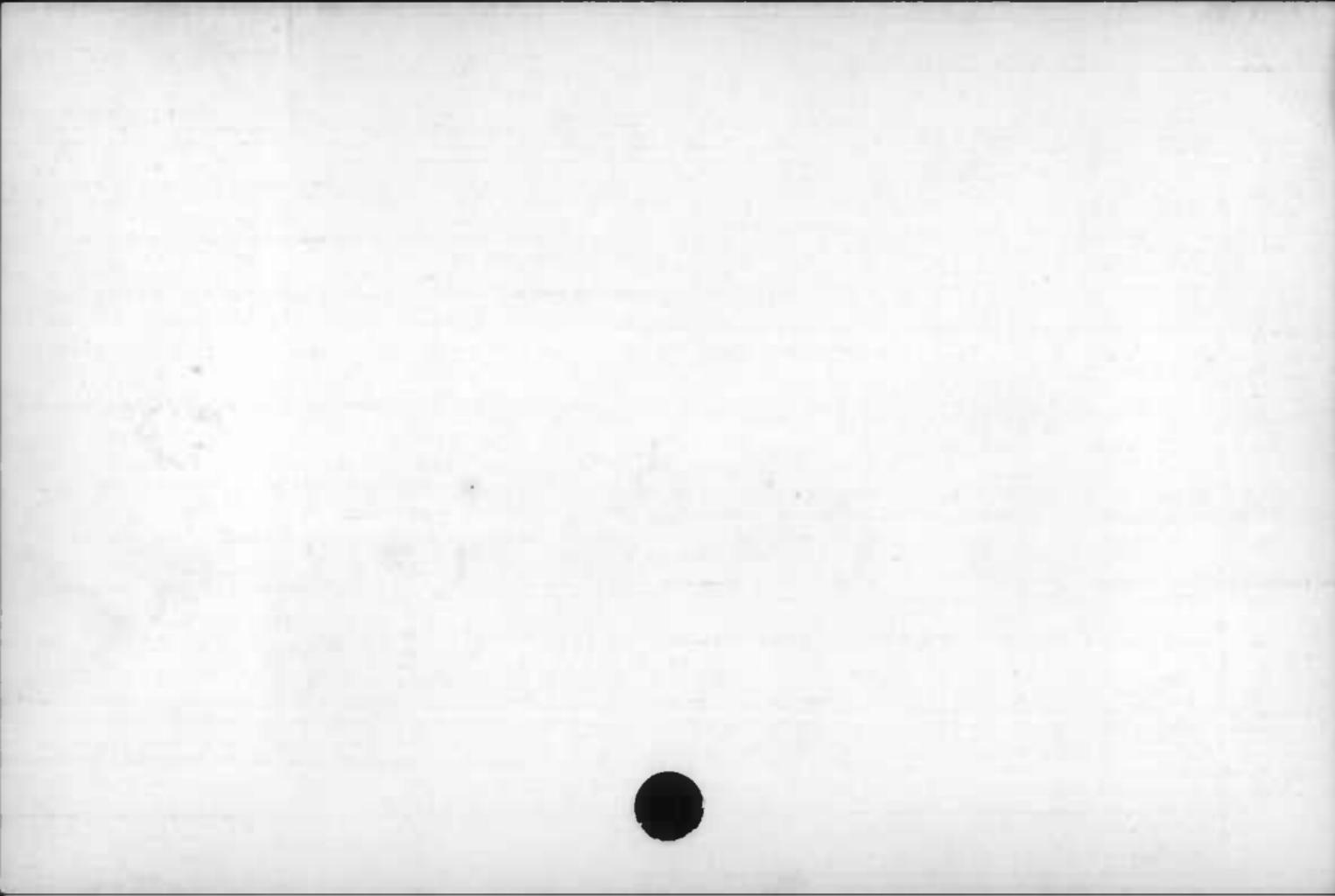
Signature of  
Physician

Address

Gooday Cook  
St. Agnes Hospital  
Baltimore

Accident or Suicide?

No



Name  
in  
Full

Infant of Geo. Coster & Annie Ballard

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death 1910	Month 2	Day 4	Years —	Months —	Days —		
Sex Female	Color or Race	Age —					
Occupation —	Colored			Birth-place	Mt. Washington		
Married, Single or Widowed	Single	Name of Wife or Husband		Where Residing if not at place of death			
Father's Name	Geo. Coster			Mt. Washington			
Mother's Maiden Name	Annie Ballard			Father's Birthplace	Md		
Name of person giving Information	Annie Ballard			Mother's Birthplace	Md		

CAUSES OF DEATH

Primary Premature birth  
Immediate Syphilis +

34

7 mos -

Are the name, age, sex, color, date and place correctly given above?

Yes -

Signature of Physician

Address

A. Gillis  
Mary Hospital  
Baltimore 21

Accident or Suicide

PHYSICIAN  
OR CORONER

J. H. Krapp  
Campfield Country

Name  
in  
Full

Peter Battalitis

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Town

Gardena Park

County

Balto.

Date  
of death

Month

Day

1960 Feb. 15.

Years

Age 45

Months

Days

Sex

Male

Color or  
Race

White

Birth-  
place

Occupation

Factor

Where Residing if not  
at place of death

Present place

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

Father's  
Name

Peter Battalitis

Father's  
Birthplace

Russia

Mother's  
Maiden Name

Markowow

Mother's  
Birthplace

Russia

Name of person giving  
Information

Joseph Patulewsky

How related  
to deceased

None

CAUSES OF DEATH

Primary

Cirrhosis Liver

113

How long

Yrs

Immediate

Heart Failure

How long

24 hrs

Are the name, age, sex, color, date  
and place correctly given above?

Yes.

Signature of  
Physician

Address

W.F. Clayton

Overlea

2nd

4

PHYSICIAN  
OR CORONER

Accident or Suicide

+

St. Joseph's Cemetery

F. Lassahn & Sons

Name  
in  
Full

Eva Elizabeth Barnett

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <b>Calverville</b> Town		<b>Baltimore</b> County		<b>MARYLAND</b>		
Date of death <b>1900</b>	Month <b>2</b>	Day <b>1</b>	Age <b>20</b>	Years	Months <b>3</b>	Days <b>15</b>
Sex <b>Female</b>	Color or Race <b>American, White</b>	Where Residing if not at place of death		<b>Baltimore City</b>		
Occupation <b>None</b>			<b>Place of Death</b>			
Married, Single or Widowed <b>Single</b>	Name of Wife or Husband <b>None</b>					
Father's Name <b>William E. Barnett</b>			Father's Birthplace <b>Ellicott City, Md.</b>			
Mother's Maiden Name <b>Emma F. Beeler</b>			Mother's Birthplace <b>Baltimore City, Md.</b>			
Name of person giving Information <b>William E. Barnett</b>			How related to deceased <b>Father</b>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <b>Pulmonary Tuberculosis</b>	29	How long <b>3 years</b>
Immediate <b>Gradual wasting of the body</b>		How long <b>3 months</b>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <b>R. H. Haegle</b>	
	Address <b>Calverville</b>	
Accident or Suicide?		

Mrs. C. Priest & Son

London Park

Name  
in  
Full

Thomas Barrett

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Westport			Balto			
Date of death	1910	Month	Day	Years	Month	Days
	2		25	79	—	—
Sex	Male	Color or Race	white	Birth-place	Md	
Occupation	Fisherman					
Married, Single or Widowed	Married	Name of Wife or Husband	Elizabeth Barrett			
Father's Name	Unknown					
Mother's Maiden Name	Unknown					
Name of person giving Information	Lewis S. Sorrells					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Rupture and dysentery

14

How long

four weeks

Immediate

Exhaustion

How long

four hours

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

August W. Mulligan  
Mr. Williams  
Balto, Md.

Accident or Suicide

James Hignan  
m o live.

Name  
in  
Full

Frances A. J. Bartholow.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at Canton Town Baldo County MARYLAND  
Date of death 1910 Feb. 13 Month Age 49 Years  
Sex Female Color or Race White Birth-place Baldo Co.  
Occupation House wife Where Residing at place of death 3217 Elliott St.  
Married, Single or Widowed Married Name of Wife or Husband Harry E. Bartholow.  
Father's Name Samuel Bowden Father's Birthplace England  
Mother's Maiden Name Sarah Alcharet. Mother's Birthplace U. S.  
Name of person giving Information Harry E. Bartholow How related to deceased Husband

CAUSES OF DEATH  
Primary Bright's Disease 120 months  
How long 1 month  
Immediate Droped heart 2 days  
How long 2 days  
Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician Dr. James H. T. 35-12 Bank St  
Address Hillside 1st fl.

Accident or Suicide

Lilly and Zeiler

undertakers

Feb. 16<sup>th</sup> 1910

Oak Lawn Cemetery

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

James Beasley

CERTIFICATE OF DEATH

Died at Alvinjof Tabernacly, Baltimore, County

MARYLAND

Date of death 1960 Month Feb Day 19 Age 66 Years — Months — Days —

Sex Male Color or Race white Birth-place Maryland

Occupation Oppenmuth Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving Information

How related to deceased

James Beasley

Charles

Anna Williams

"

Anna W. Beasley

Nice

CAUSES OF DEATH

Primary

Exhaustion

27

How long

About six months

Immediate

Pulmonary Otitis

How long

the

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

700 E. 4th St. No. 40,  
Beaumont, Texas

Crowley Bros. —

W. Carmel Cemetery. —

Feb. 22 - 1910. —

Name  
in  
Full

Maggie R. Bellmann

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	County	MARYLAND			
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	32	3	9	
Occupation	Where Residing is not at place of death # 3206 Fair Ova.					
Married, Single or Widowed	Name of Wife or Husband	Frederick Bellmann				
Father's Name	Peter Smith.					
Mother's Maiden Name	Not known					
Name of person giving Information	Frederick Bellmann					

CAUSES OF DEATH

27

Primary

Iphthisis Pulmonalis

How long

unknown

Immediate

Toxemia

How long

4 week

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

M. J. McCaughan

Address

1839 S. Gaulton

Accident or Suicide?

Mr. J. W. B. <sup>2</sup> 1880

A. Binder & Sons  
Printing Company  
St. Louis  
Feb. 19 " 1880

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Name				Gender			CERTIFICATE OF DEATH		
Died at <u>Ms. Milians</u>				County <u>Baltimore</u>			MARYLAND		
Date of death 19 <u>40</u>	Month <u>Feby</u>	Day <u>11</u>	Age <u>—</u>	Month <u>—</u>	Days <u>3</u>				
Sex <u>female</u>	Color or Race <u>white</u>		Birth-place <u>Baltimore Co Md</u>						
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>								
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>								
Father's Name <u>Harry Bender</u>	Father's Birthplace <u>Baltimore Md</u>								
Mother's Maiden Name <u>Mabel Ridenbaugh</u>	Mother's Birthplace <u>Da</u>								
Name of person giving Information <u>Harry Bender</u>	How related to deceased <u>father</u>								

CAUSES OF DEATH

Primary

Premature Birth

151

How long

7 mos

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Ges. S. M. Kieffer

Address

Morell Park  
Baltimore Co. Md 17

Accident or Suicide

McClure -

A. Knull & So

Name  
in  
Full

Wm E Bennett.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town Catonsville  
Died at Catonsville County Balto  
Date of death 1910 Month Feb Day 9 Years 30 Month — Days —  
Sex male Color or Race Colored Birth-place Catonsville  
Occupation Laborer Where Residing if not at place of death Catonsville, Md  
Married, Single or Widowed Married Name of Wife or Husband Mary S Bennett  
Father's Name Mandie Bennett Father's Birthplace unknown  
Mother's Maiden Name Della Doan Mother's Birthplace Balto Co  
Name of person giving Information Mandie Bennett How related to deceased Brother

CAUSES OF DEATH

Primary

Rt- Labor Pneumonia  
asthenia

93  
How long

Immediate

6 days  
36 hours

Are the name, age, sex, color, date and place correctly given above?

yes

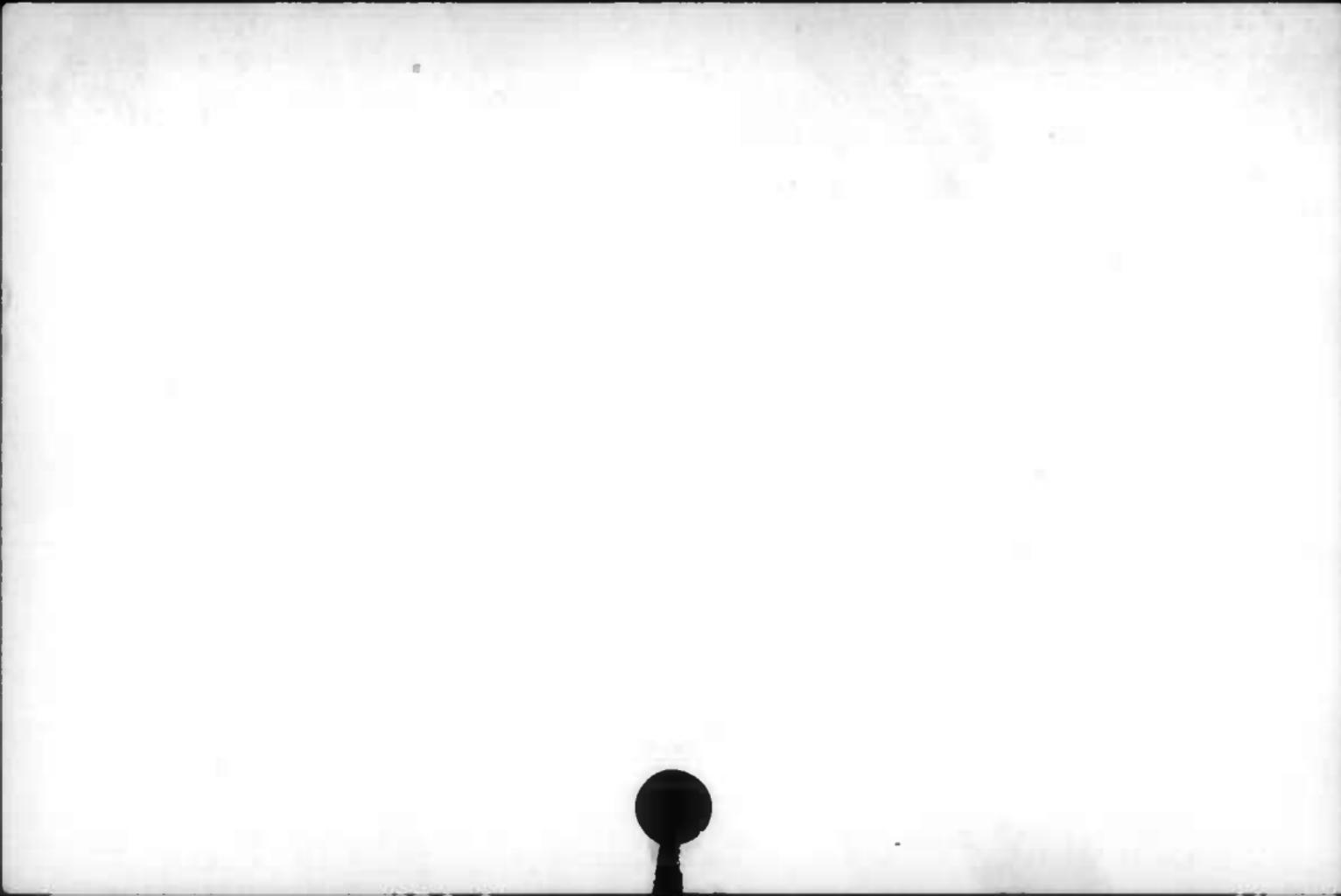
Signature of  
Physician

Address

Marshall B. West  
Catonsville, Md

PHYSICIAN  
OR CORONER

Accident or Suicide



Name  
in  
Full

William F Bessing

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

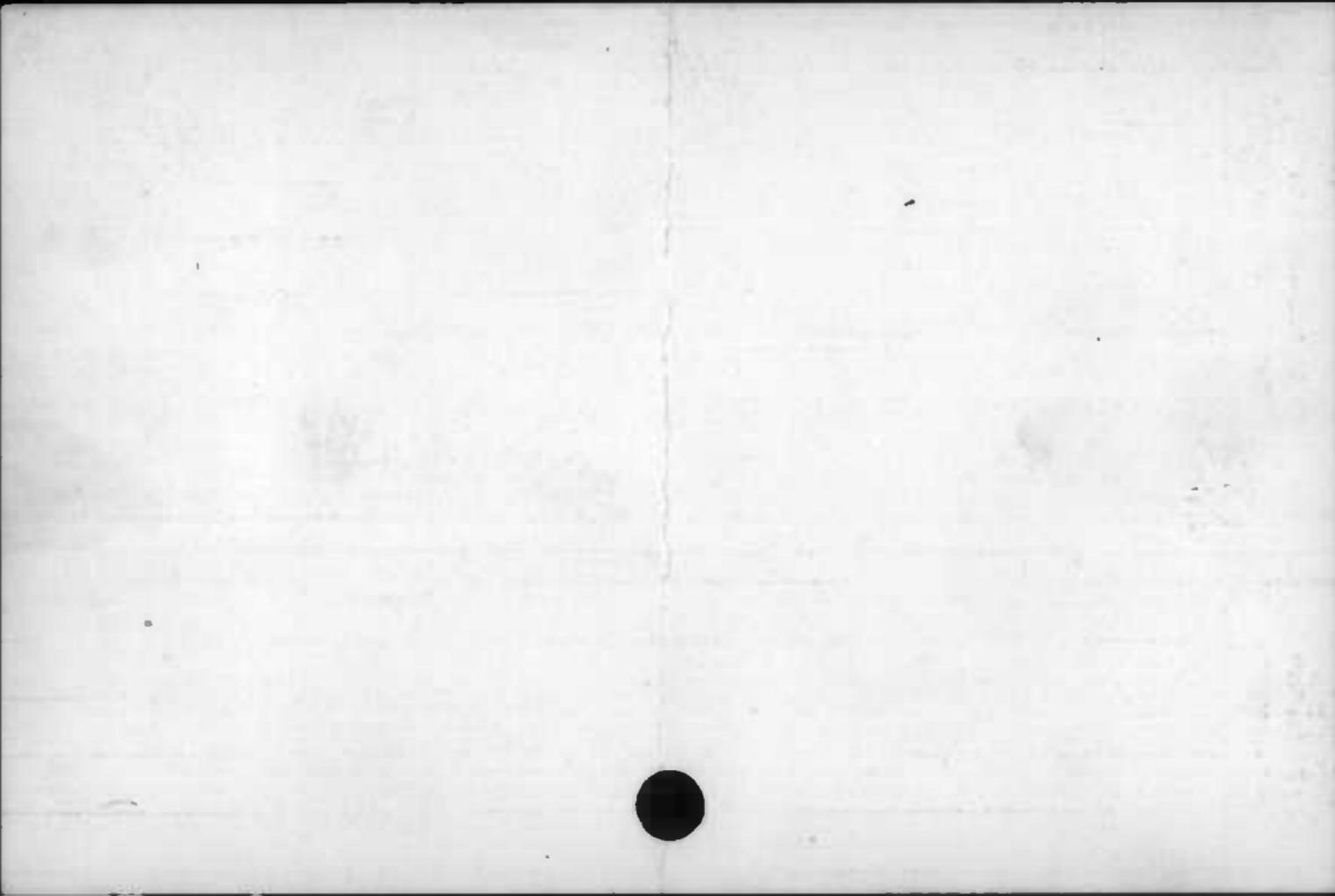
Died at		Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Birth-place				
Occupation	Where Residing if not at place of death					
Married, S. Widowed	Name of Wife or Husband	623 Whistlington St				
Father's Name	Henry Bissing			Father's Birthplace	Germany	
Mother's Maiden Name	Elizabeth Fick			Mother's Birthplace	Germany	
Name of person giving Information	H. W. Bissing			How related to deceased	nephew	

CAUSES OF DEATH

98

PHYSICIAN  
OR CORONER

Primary	Emphysema & Chronic Bronchitis		How long	1 yr +
Immediate	Cerebral De dementia.		How long	Immediate
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Allen Graham M.D.	
		Address	St. Agnes Hospital.	
Accident or Suicide?	No			





Landon Park

Mar 2 1990

Geo F. Smith

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Wm. H. Boblitz, Sr.

CERTIFICATE OF DEATH

Died at

Towson

Town

Balto

County

MARYLAND

Date  
of death

10 Feb.

Month

10

Day

83

Years

Months

17

Days

Sex

Male

Color or  
Race

White

Birth-  
place

Maryland

Occupation

Laborer

Where Residing if not  
at place of death

Towson, Md.

Married, Single  
or Widowed

Widowed

Name of Wife or  
Husband

Louise J. Boblitz

Father's  
Name

Jacob Boblitz

Father's  
Birthplace

Pennsylvania

Mother's  
Maiden Name

Mary Harris

Mother's  
Birthplace

Pennsylvania

Name of person giving  
Information

Mary Tagg

How related  
to deceased

Daughter

CAUSES OF DEATH

15-4

Primary

Stroke

How long

3 years

Immediate

Exhaustion & Seizure

How long

2 months

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

W. J. Garrett

Address

Towson, Md

Accident or Suicide?

no

9

F. Gassahn & Sons

Baltimore Cemetery

Name  
in  
Full

Margaret B. Bokee

## CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Town	Roland Park Baltimore			County	MARYLAND	
Died at	Date of death	Month	Day	Years	Months	Days
	1900	Feb.	22	36		14
Sex	Female	Color or Race	White			
Occupation	Housewife			Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband	Howard J. Bokee			
Father's Name	George N. Goodhard			Father's Birthplace	Baltimore	
Mother's Maiden Name	Margaret J. Johnson			Mother's Birthplace	Baltimore County	
Name of person giving Information	Mrs. A. H. Kelly			How related to deceased	Wife	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Cerebral Hemorrhage

Immediate

Hypotonic Pneumonia

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

A. M. Stevenson

Address

1022 N. Lafayette St.,  
Baltimore Md.

Accident or Suicide?

No

Chas. G. Frank  
80<sup>th</sup> Madison Ave  
Greenmount, Clev.

Name  
in  
Full

Clinton H. Bollinger

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County	MARYLAND	
Date of death	1910	Month Feb.	Day 23	Years about 31	Months Days
Sex	Male	Color or Race	Indo	Birth-place	Md.
Occupation	Bail Bondsman			Where Residing if not at place of death	Baltimore
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Jeff. Bollinger			Father's Birthplace	Md.
Mother's Maiden Name	Rebecca.			Mother's Birthplace	"
Name of person giving information	H. B. Dickmeyer.			How related to deceased	None.

CAUSES OF DEATH

29

PHYSICIAN  
OR CORONER

Primary

Tuberculosis

How long

1 year

Immediate

Tuberculosis

How long

1 year

Are the name, age, sex, color, date and place correctly given above?

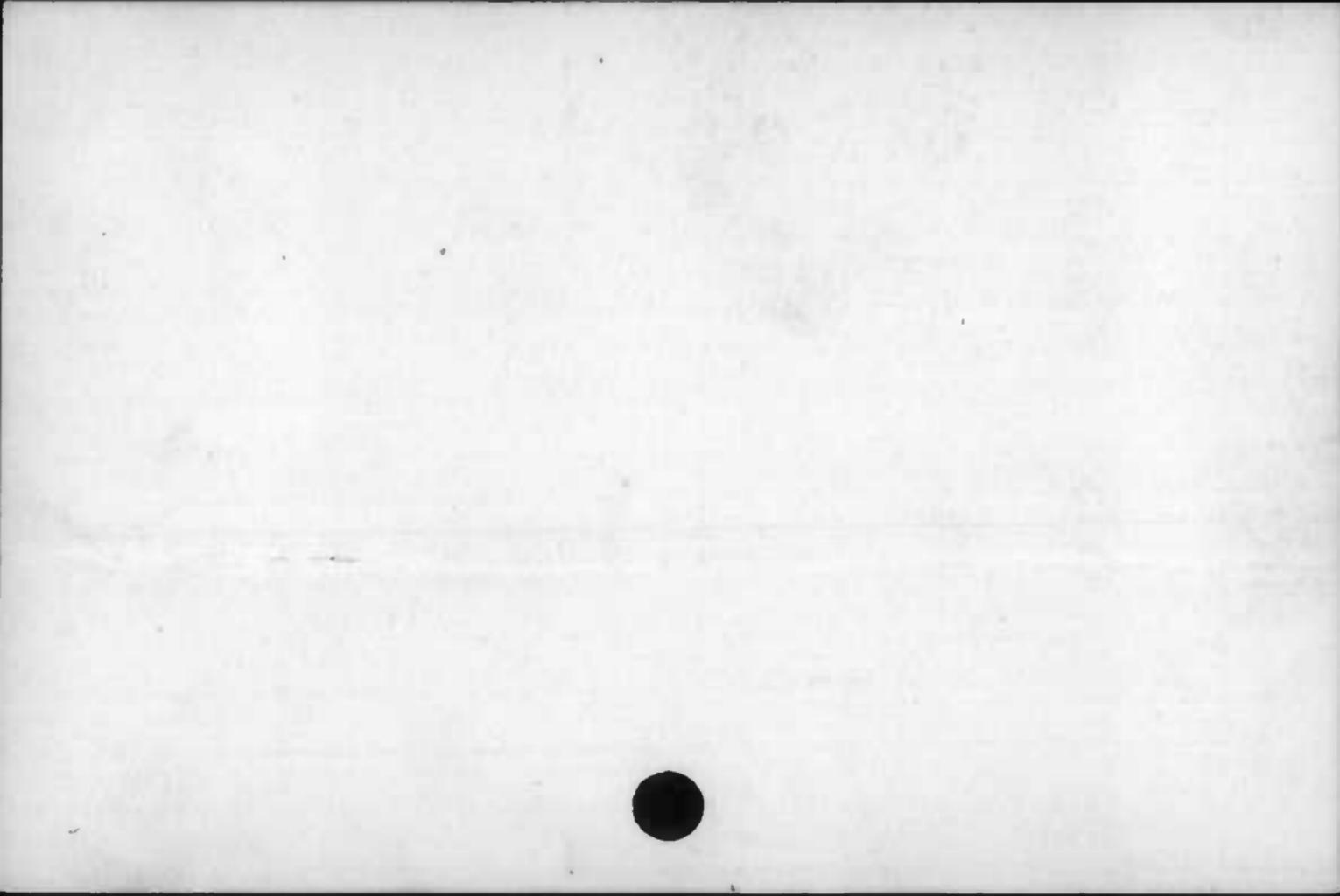
Yes

Signature of Physician

Address

Godfathers  
New Freedom Pa

Accident or Suicide?



Name  
in  
Full

Gora Edith Bosley

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Torison

County

Ballo

MARYLAND

Date  
of death 1960

Month  
2

Day  
20

Years  
0

Months  
4

Days  
0

Sex Female

Color or  
Race

White

Birth-  
place

Upperco.Ind

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

William Bosley

Father's  
Birthplace

Upperco.Ind

Mother's  
Maiden Name

Zola May Wilson

Mother's  
Birthplace

Parkton.Ind

Name of person giving  
Information

Zola May Wilson

How related  
to deceased

Mother

CAUSES OF DEATH

Primary

Quarasma + Bronchitis

How long

3 months

Immediate

Prostration + Heart Failure

How long

24 hrs

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

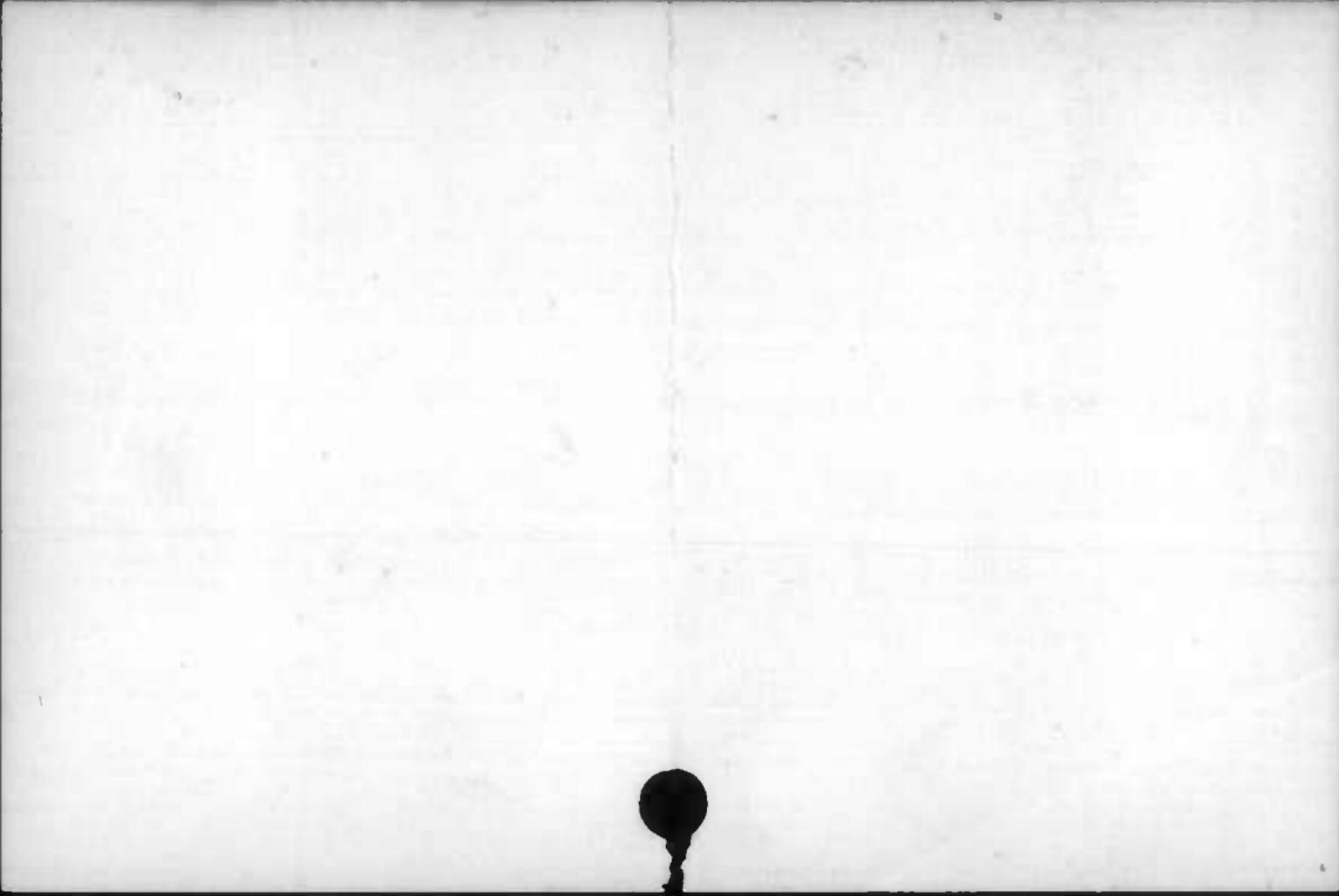
Dr. D.W. Beach

Address

86 Campfield  
Ind.

PHYSICIAN  
OR CORONER

Accident or Suicide?



Name  
in  
Full

Richard W. Borley  
Town Govanston County Balto.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Month Day Years Months Days  
Date of death 1910 8th 27 Age 48

Sex Male Color or Race White  
Occupation Lawyer

Where Residing if not  
at place of death

Birthplace Texas Ind  
Balto Co

Married, Single  
or Widowed Single

Name of Wife or  
Husband

Father's  
Name

John Borley of Ops  
Bushel & Harrison Co.

Father's  
Birthplace

Balto Co

Mother's  
Maiden Name

Bushel & Harrison Co.

Mother's  
Birthplace

Balto Co

Name of person giving  
Information

John L. Borley

How related  
to deceased

Brother

CAUSES OF DEATH

Primary

Cardiac dilatation

79

V

Immediate

Foss of compensation

How long

Unknown

How long

Are the name, age, sex, color  
and place correctly given above?

Signature of  
Physician

Address

R. J. Smith  
Govan  
Ind.

PHYSICIAN  
OR CORONER

Accident or Suicide

Plan of Burin. Shawood P. E. Church  
Cemetery, Cockeysville, Balto. Co., Md.  
Undertaken, Henry W. Mears my Son.

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

John Louis Bowers  
Sherwood Baltimore  
Baltimore County  
Baltimore Maryland

Died at \_\_\_\_\_  
Date of death 1910 Month Feb. Day 14 Age 74 Years 9 Months Days  
Sex Male Color or Race white Birth-place Baltimore  
Occupation Farmer Where Residing if not at place of death Sherwood  
Married, Single or Widowed Married Name of Wife or Husband Mary E. Bowers  
Father's Name Elias Bowers Father's Birthplace Bowers  
Mother's Maiden Name Mary E. Creager Mother's Birthplace Baltimore Co.  
Name of person giving Information Josephine Bresnan Daughter  
Information

CAUSES OF DEATH

Primary

Valvular disease of Heart three months

Immediate

Prostration

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

79

How long

How long

Accident or Suicide

John Burns Sons  
Towners

Instrument in  
Garrison Forest  
cemetery  
Baltimore Co. Md.

Feb 16<sup>th</sup> 1910

Name  
in  
Full

Annie M. Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at West Baltimore Town Baltimore County Baltimore MARYLAND

Date of death 190 Month 2 Day 13 Years 50 Months 11 Days -

Sex Female Color or Race White Birth-place va

Occupation Housewife Where Residing if not at place of death Westport

Married, Single or Widowed Married Name of Wife or Husband John K. Brown Father's Birthplace va

Father's Name William L. Hensley Mother's Birthplace va

Mother's Maiden Name Anna Forrester Name of person giving information John K. Brown How related to deceased Husband

CAUSES OF DEATH

Primary

Paralysis

3 months

Immediate

Paralysis of heart

1 minute

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

August W. Milley, M.D.  
Mr. Winans  
Baltimore 9th & 17th

Accident or Suicide

CederHill Cemetery  
Feb 16/910.

Wm Cook  
502 E Yaith ad

Name  
in  
Full

Elizabeth Louise Brune  
Highlandtown Balto.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Town

County

MARYLAND

Date  
of death

1910

Month

Day

Years

Months

Days

Feb.

4<sup>th</sup>

1

3

Sex

Female

Color or  
Race

White

Birth-  
place

Balto Co.

Occupation

None

Where Residing  
at place of death

3327 Eastern Ave

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

—

Father's  
Birthplace

Balto Md.

Father's  
Name

Marcella Brune

Mother's  
Birthplace

Balto Co.

Mother's  
Maiden Name

Elizabeth Vogel

How related  
to deceased

Mother

Name of person giving  
Information

Elizabeth Brune

CAUSES OF DEATH

Primary

Whooping Cough.  
Pneumonia.

8

✓

How long

2 to 3 weeks.

How long

3 days.

Immediate

Yes.

Signature of  
Physician

Address

W. W. Clancy M.D.  
19 S Clinton St.  
Highlandtown.

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date  
and place correctly given above?

Accident or Suicide

Andalakey. —

Gilly and Zeila. —

Burial. —

Oak Haven Cem.

Feb. 6 / 1910. —

Name  
in  
Full

Samuel Bradford Buchanan.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Whitford	Town	County	MARYLAND	
Date of death	1900	Month	Day	Years	Months
Sax	Male	Color or Race	Age	1	Days
Occupation	now	Where Residing if not at place of death	Birth-place	Whitford	
Married, Single or Widowed	—	Name of Wife or Husband			
Father's Name	John Bradford Buchanan			Father's Birthplace	Maryland.
Mother's Maiden Name	Rose Stevenson			Mother's Birthplace	Pa.
Name of person giving Information	Father			How related to deceased	

CAUSES OF DEATH

Primary

Congenital Heart Trouble ever since birth.

Immediate

Heart Failure immediate.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

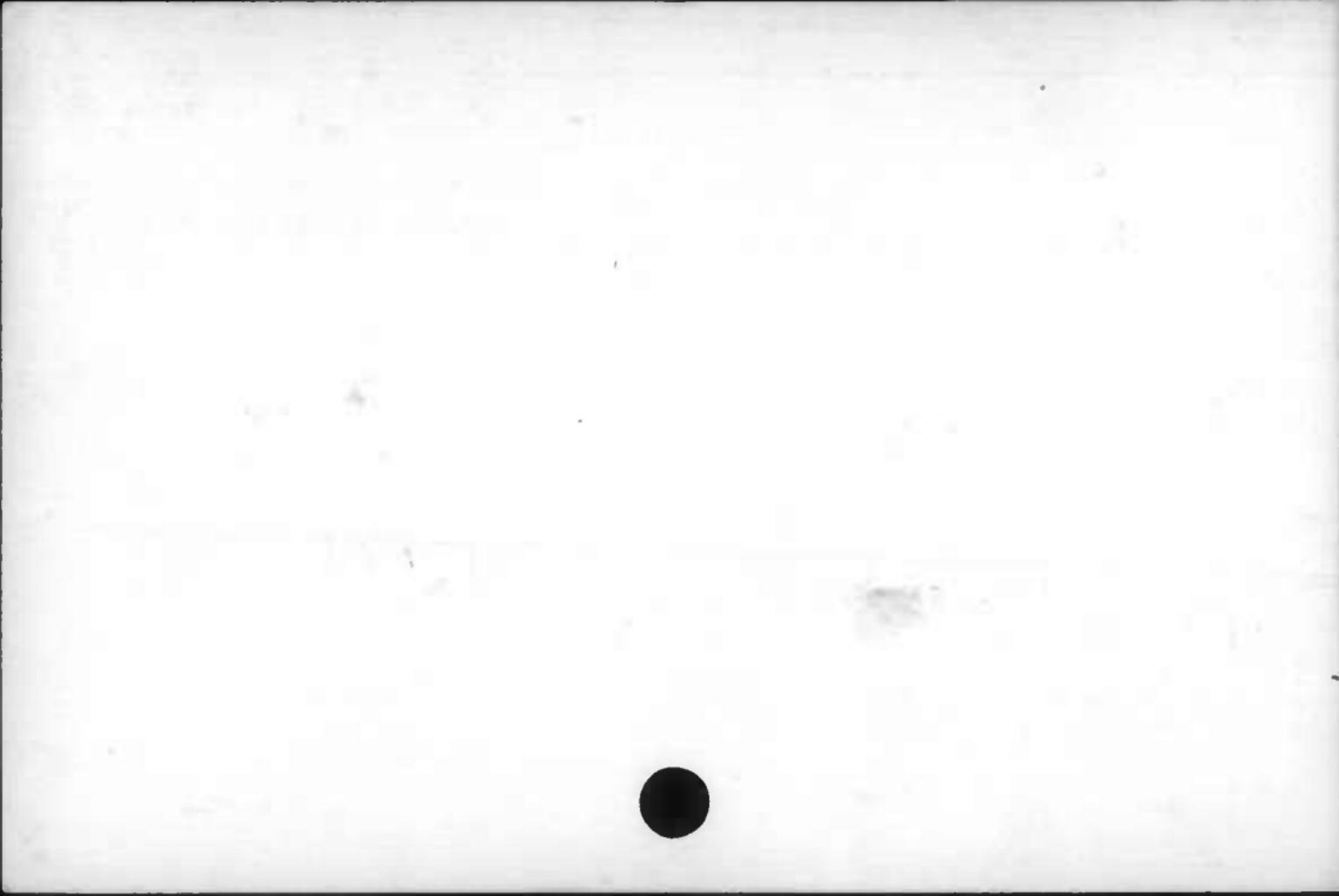
Accident or Suicide

150

v

How long

How long



Name  
in  
Full

Jacob Burkhardt Jr

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	1940	Month February	Day 15 <sup>th</sup>	Years 73 years	Months 3	Days
Sex	Male	Color or Race	White	Birth-place Switzerland		
Occupation	retired	Where Residing if not at place of death				
Married, Single or Widowed	Widower	Name of Wife or Husband	Phoebe Burkhardt			
Father's Name	Jacob Burkhardt Sr			Father's Birthplace	Switzerland	
Mother's Maiden Name	Mary Sonnens			Mother's Birthplace	Switzerland	
Name of person giving Information	Mrs Cordelia L. Balls			How related to deceased	Daughter	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Paralysis

66

How long

Immediate

Set for Feb. 9, '40  
to date of death. " 15, '40

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

H. G. Prentiss, M. D.

Address

809 Greenwich Ave

Accident or Suicide

Geo Schilling & Sons  
Mount Olivet Cemetery

Name  
in  
Full

Thomas Wiley Burns

CERTIFICATE OF DEATH

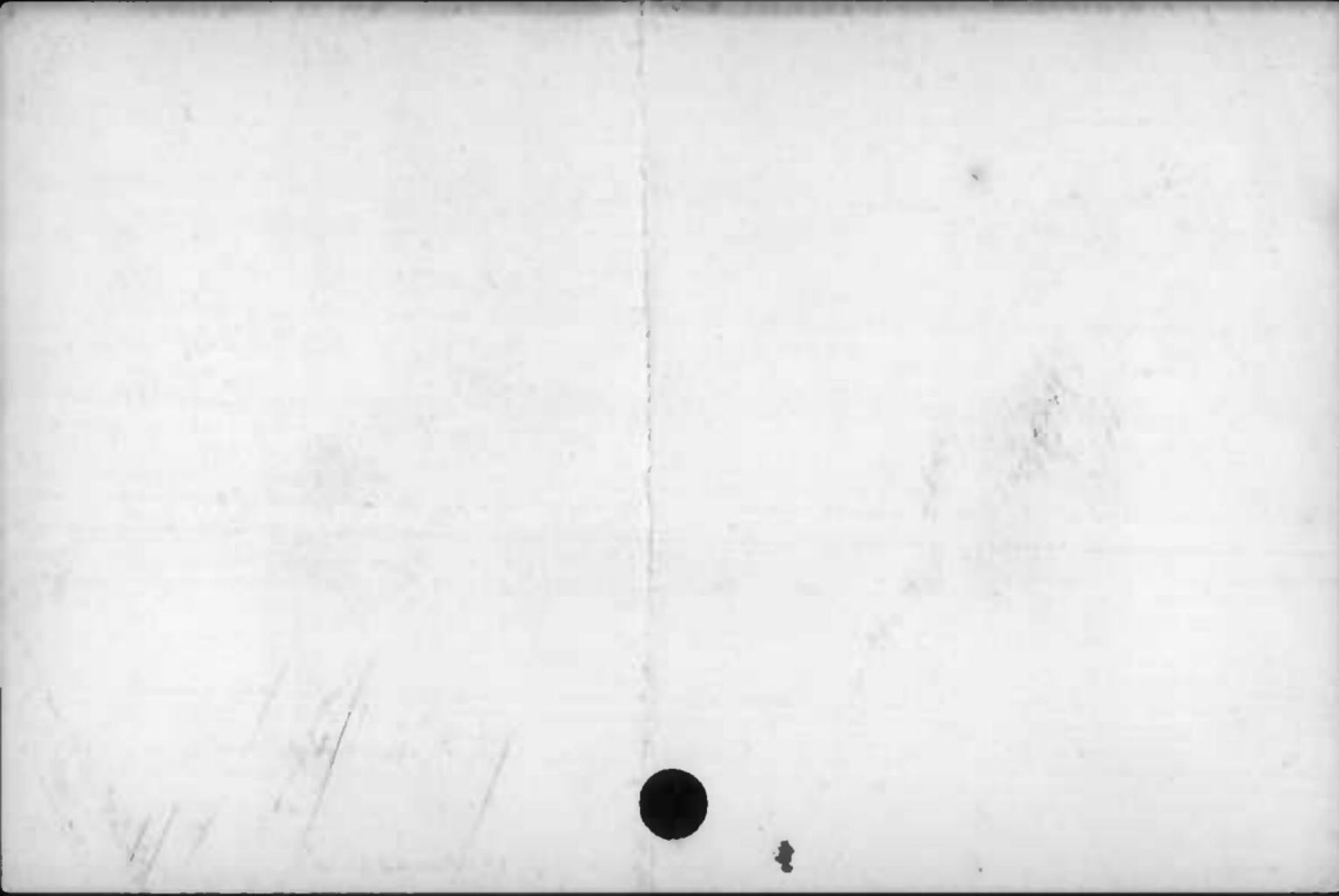
To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND							
Date of death	1900	Month Feb.	Day	22	Years	1	Months	3	Days	13		
Sex	Male	Color or Race	white		Birth-place	Carey Harford Co Md						
Occupation	Schoolboy		Where Residing if not at place of death									
Married, Single or Widowed	Single	Name of Wife or Husband										
Father's Name	Thomas R Burns		Father's Birthplace	Harford Co Md								
Mother's Maiden Name	Jennie A. Barchinger		Mother's Birthplace	York Co Pa								
Name of person giving information	Jennie A. Burns		How related to deceased	Mother								

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Measles & Pneumonia		How long	Since Feb 10		
Immediate	Pneumonia (lobar)		How long	7 days		
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Dr. J. M. Free M.D.			
		Address	Chamartown Pa			
Accident or Suicide?						7



Name  
in  
Full

Eliza Reiner Campbell

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at

Town

County

MARYLAND

Date  
of death

1900

Month

2

Day

1st

Years

79

Age

Months

16

Days

Sex

3

Color or  
Race

Birth-  
place

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Widow

Name of Wife or  
Husband

Father's  
Name

Reverend Crawford

Father's  
Birthplace

Mother's  
Maiden Name

Mary Crawford

Mother's  
Birthplace

Name of person giving  
Information

Rock McKeever

How related  
to deceased

CAUSES OF DEATH

103

Primary

How long

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

Accident or Suicide?

PHYSICIAN  
OR CORONER

Chas F. Evans  
118 2<sup>nd</sup> & Royal Ave  
Woodlawn Cen

Name  
in  
Full

Rev. Walker S. Caughey

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1900	Month 2	Day 2	Years 54	Months	Days
Sex	Male	Color or Race	White	Birth-place	Ballo-	
Occupation	Clergyman		Where Residing if not at place of death	Washington, D.C.		
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	S. Hamilton Caughey		Father's Birthplace	Ballo.		
Mother's Maiden Name	Alice Pendugast		Mother's Birthplace	Md.		
Name of person giving Information	Miss Vestie Caughey		How related to deceased	Sister.		
CAUSES OF DEATH						
Primary	Myocarditis; Chronic Nephritis		120	1 yr (?)		
Immediate	Uremia.		How long	3 days (?)		

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Yes.

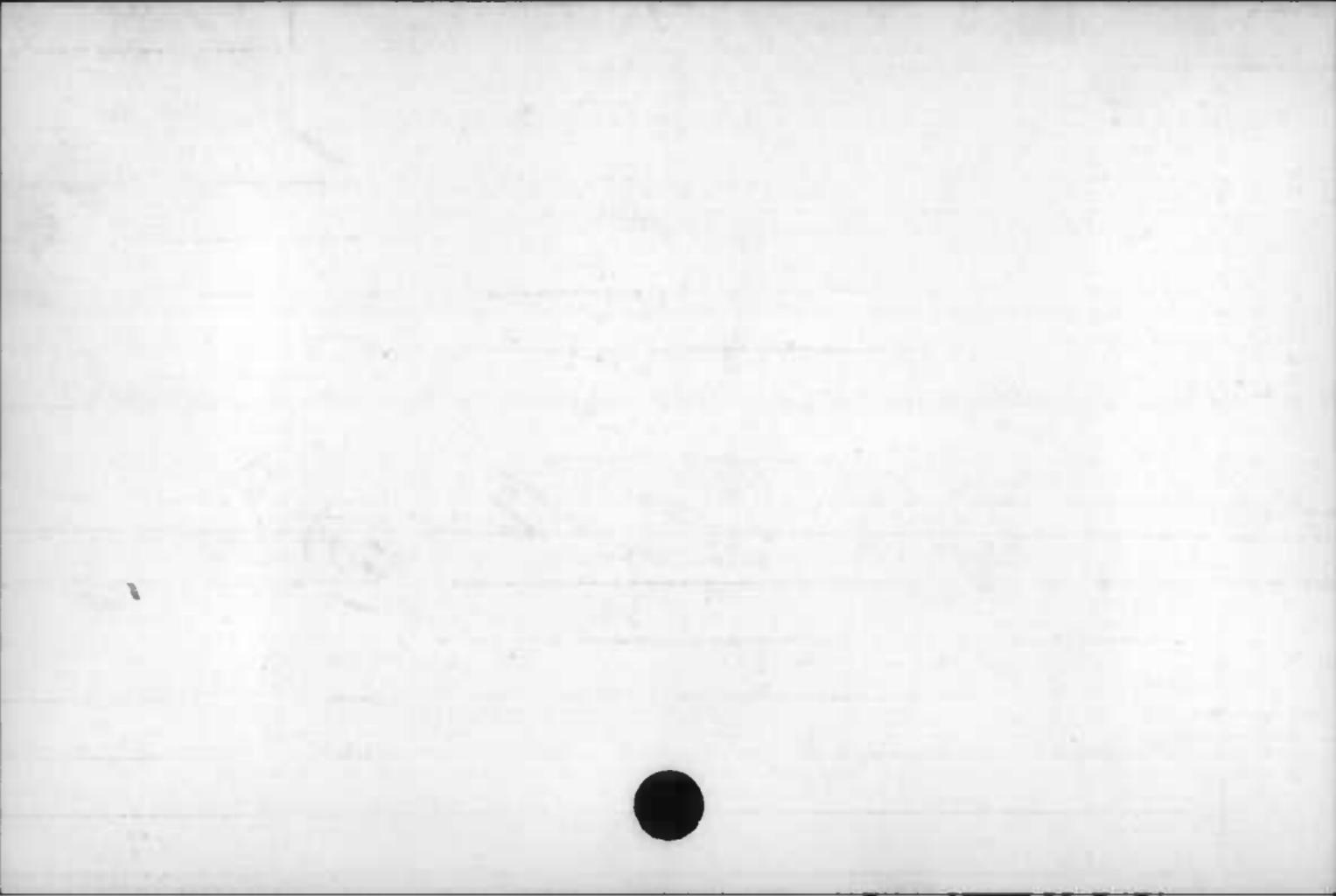
Signature of Physician

Address

Allen Grubman M.D.  
St. Agnes Hospital

Accident or Suicide?

No.



Name  
in  
Full

Alexander Carr.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Male	Color or Race	Age	96
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of <del>Wife</del> Husband	Eliza T. Carr, Wright		
Father's Name	Unknown			
Mother's Maiden Name	Unknown			
Name of person giving Information	Mrs. P. R. Price.			

CAUSES OF DEATH

79

How long

3 years

How long

2 months

PHYSICIAN  
OR CORONER

Primary

Sevility

Immediate

Valvular disease heart

Are the name, age, sex, color, date and place correctly given, above?

Yes

Signature of  
Physician

Dr B. B. Benson

Address

600 Hayes with MD

Accident or Suicide?

Neither

Poplar census.

Feb. 19.

Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Willie Shaffman

Town

Died at Texas

County

Balto.

CERTIFICATE OF DEATH

MARYLAND

Date of death 1960 Month 2 Day 12 Age 7 Years 7 Months 7 Days

Sex Male

Color or Race

white

Birth-place

Texas Md

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Joseph D. Shaffman

Father's  
Birthplace

Chestnut Ridge  
Md

Mother's  
Maiden Name

Annie T. Concauon

Mother's  
Birthplace

Bat Deposit  
Md

Name of person giving  
Information

Joseph D. Shaffman

How related  
to deceased

Father

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

27

4 mos.

How long

Immediate

Tuberculous Meningitis

9 days

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

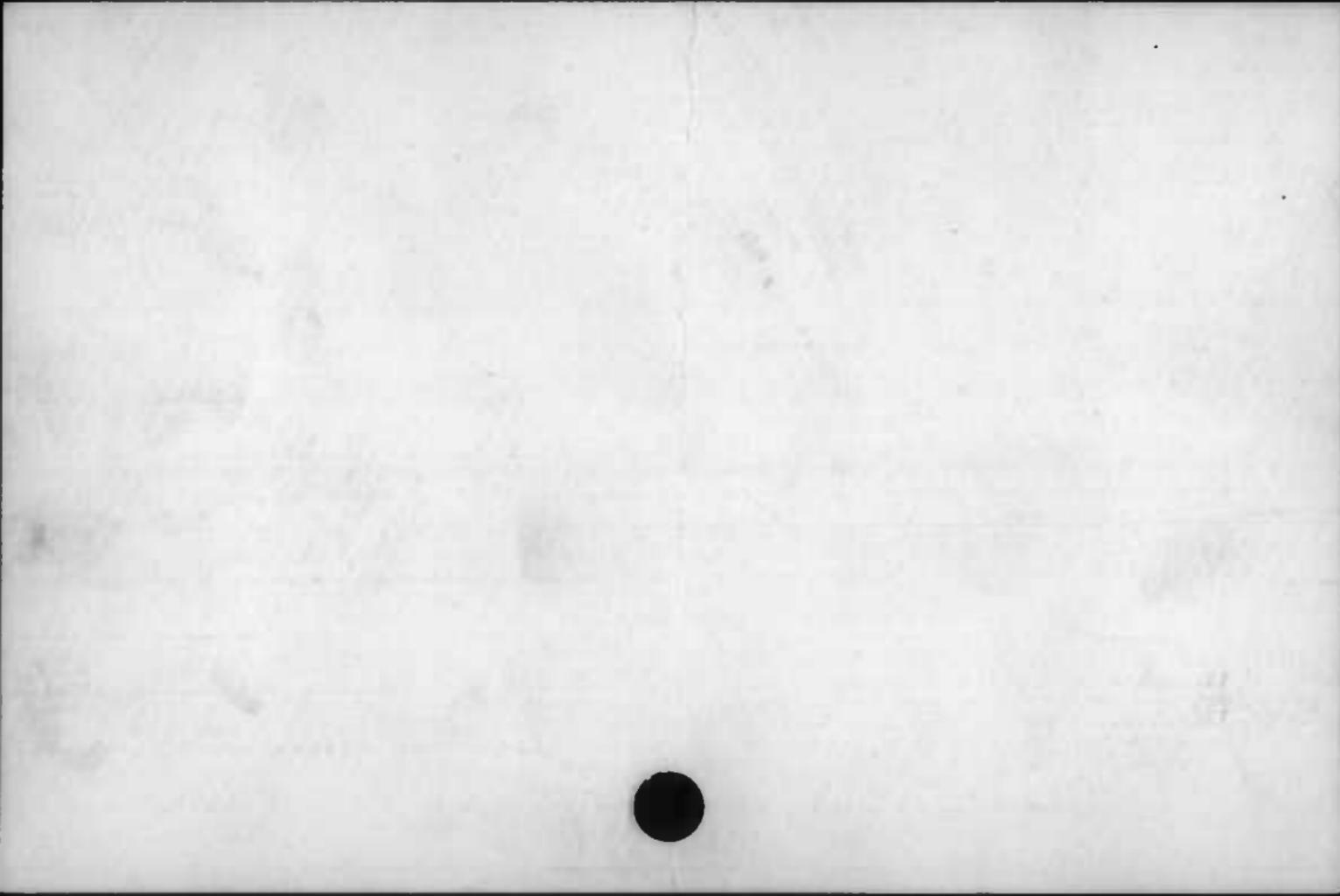
Signature of  
Physician

Dr. F. C. Bussell

Address

Texas  
Md

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Charles A Chenoweth. CERTIFICATE OF DEATH

Died at Mt. Vernon Baltimore County, Maryland

Date of death 1900 Feb. 27 Month Day Year Age 49 Months 9 Days 21

Sex Male Color or Race white Birthplace Green Spring Valley

Occupation Laborer Where Reiding if not at place of death mt. vernon

Married, Single or Widowed Single Name of Wife or Husband Single

Father's Name Geo Chenoweth Father's Birthplace Balt Co.

Mother's Maiden Name Ruth M. Moran Mother's Birthplace Balt Co.

Name of person giving Information Arthur Chenoweth How related to deceased brother.

CAUSES OF DEATH

Primary Paralysis How long 64 ✓  
Cerebral Hemorrhage How long 2 years  
Immediata Regurgitation How long 6 hours  
Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician  
Address

Accident or Suicide not met 13

St Thomas Cemetery  
Nicholas J. Fink  
undertaker

Name  
in  
Full

Saddie Valaint Collins

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at Lakeland

Town

County

MARYLAND

Date  
of death 1900

Month

Day

Years

Months

Days

16

no

2

16

Sex

female

Color or  
Race

White

Birth-  
place

Lakeland

Occupation

none

Where Residing if not  
at place of death

Lakeland

Married, Single  
or Widowed

single

Name of Wife or  
Husband

infant

Father's  
Name

John A. Collins

Father's  
Birthplace

St Michaels

Mother's  
Maiden Name

Louise Steinbacher

Mother's  
Birthplace

Baltimore

Name of person giving  
Information

John A. Collins

How related  
to deceased

of other

CAUSES OF DEATH

93

How long

Primary

Pneumonia

1 day

Immediate

Pneumonia

1 day

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

Roslawn  
Mt Winans

md

Accident or Suicide?

PHYSICIAN  
OR CORONER

Edschloman & Son  
Western Cemetery

Name  
in  
Full

Michael Concauon  
Ballo

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Texas		Town	County		MARYLAND		
Date of death	1960	Month 2	Day 11	Age	Years	Months	Days
Sex	male	Color or Race	white		Birth- place	Texas	
Occupation	—		Where Residing if not at place of death		—		
Married, Single or Widowed	—		Name of Wife or Husband		—		
Father's Name	Edward Concauon		—		Father's Birthplace	Texas Md	
Mother's Maiden Name	Margaut Wilhelm		—		Mother's Birthplace	Dorchester Co	
Name of person giving Information	Edward Concauon		—		How related to deceased	Father	

CAUSES OF DEATH

179

How long

How long

PHYSICIAN  
OR CORONER

Primary

Immediate natural cause

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Had no physician  
Dr. T. C. Bussey

Address

Accident or Suicide?

Interment at  
Jeffers Feb. 12<sup>th</sup> 1910

W. C. Brooks

Name  
in  
Full

Mary Elizabeth Cox.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at **West Forest Park** **Baltimore**, **MARYLAND**  
Date of death **190** Month **Feb.** Day **24** Age **51** Months **—** Days **—**  
Sex **Female** Color or Race **75** Birth-place **Baltimore**  
Occupation **none** Where Residing if not at place of death **4404 Main Ave.**  
Married, **Single** or **Widowed** **M.** Name of Wife or Husband **John Cox.**  
Father's Name **Geo. Worick.** Father's Birthplace **Ind.**  
Mother's Maiden Name **not known** Mother's Birthplace **—**  
Name of person giving Information **John Cox.** How related to deceased **Husband**

CAUSES OF DEATH

41

Primary

Cancer of Sigmoid & Rectum **nine months**

Immediate

Toxemia

How long

How long

3 weeks

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

A. M. Stevenson

1022 W. Lafayette St.,  
Baltimore, Md.

PHYSICIAN  
OR CORONER

Accident or Suicide

No

Geo. Smith  
1000 W. Gayette St.  
David Ridge Cemetery.

Name  
in  
Full

Croft - Layout

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Gardenville		Baltimore	Month	Montha	Days
Date of death 1960	2	5	Age	0	0
Sex F	Color or Race	Wh	Birth-place	Gardenville	
Occupation	Where Residing if not at place of death				
X	X				
Married, Single or Widowed	Name of Wife or Husband	X	Father's Birthplace	Pa.	
X	X	X	Mother's Birthplace	Md.	
Father's Name	W.S. Croft	Father's Birthplace	Pa.		
Mother's Maiden Name	Sarah A. Mc Gann	Mother's Birthplace	Md.		
Name of person giving information	Sarah S. Croft	How related to deceased	Sister		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Asphyxia during birth

How long

X

Immediate

Same

How long

X

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

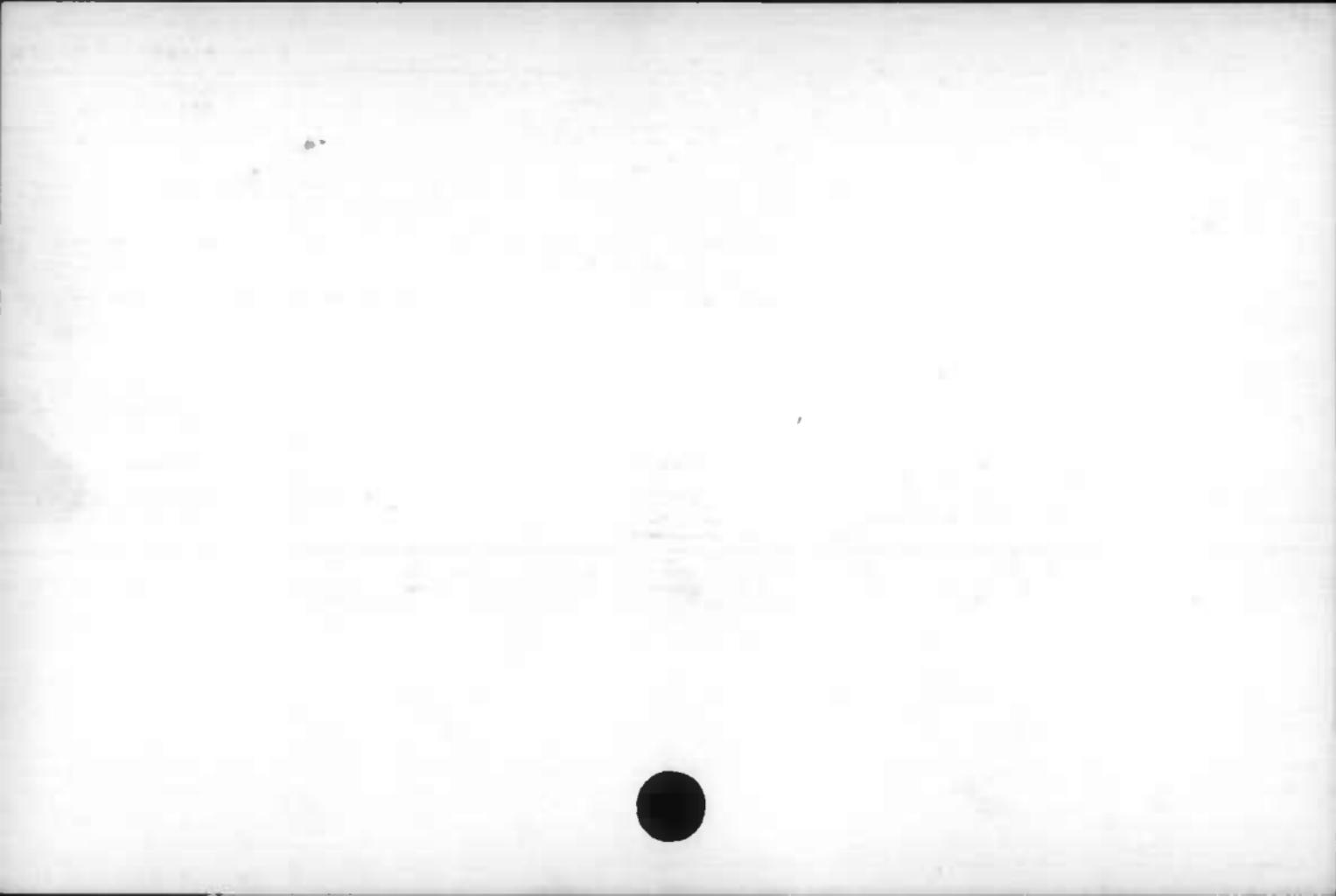
Address

A. L. Wilkinson  
Rasberry

Accident or Suicide

Accident

14



Name  
in  
Full

George T. Gross

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	1910	Month Feb	Day 12	Years 47	Months 11	Days 29.
Sex	Male	Color or Race	White	Birth-place	Baltimore	
Occupation	Traveling Salesman			Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Bessie E. Gross			
Father's Name	Thomas Gross			Father's Birthplace	England	
Mother's Maiden Name	Elizabeth Ratcliffe			Mother's Birthplace	England	
Name of person giving Information	Bessie E. Gross			How related to deceased	Wife	

CAUSES OF DEATH

Primary	Tumor of brain	How long	74
			3 mo. 15 days.
Immediate	Exhaustion & coma.	How long	2 1/2 days.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	E. L. Whitney M. D.
One tumor came on rather rapidly following a fall. Said to have been an accident.		Address	1103 Linden St. Baltimore
Accident or Suicide?			9
Oct 29 - 1909			

Zirkler & Zirkler  
1739 E. Eager St.  
Bonnie Brae Laundry  
Feb. 16, 1910.

Name  
in  
Full

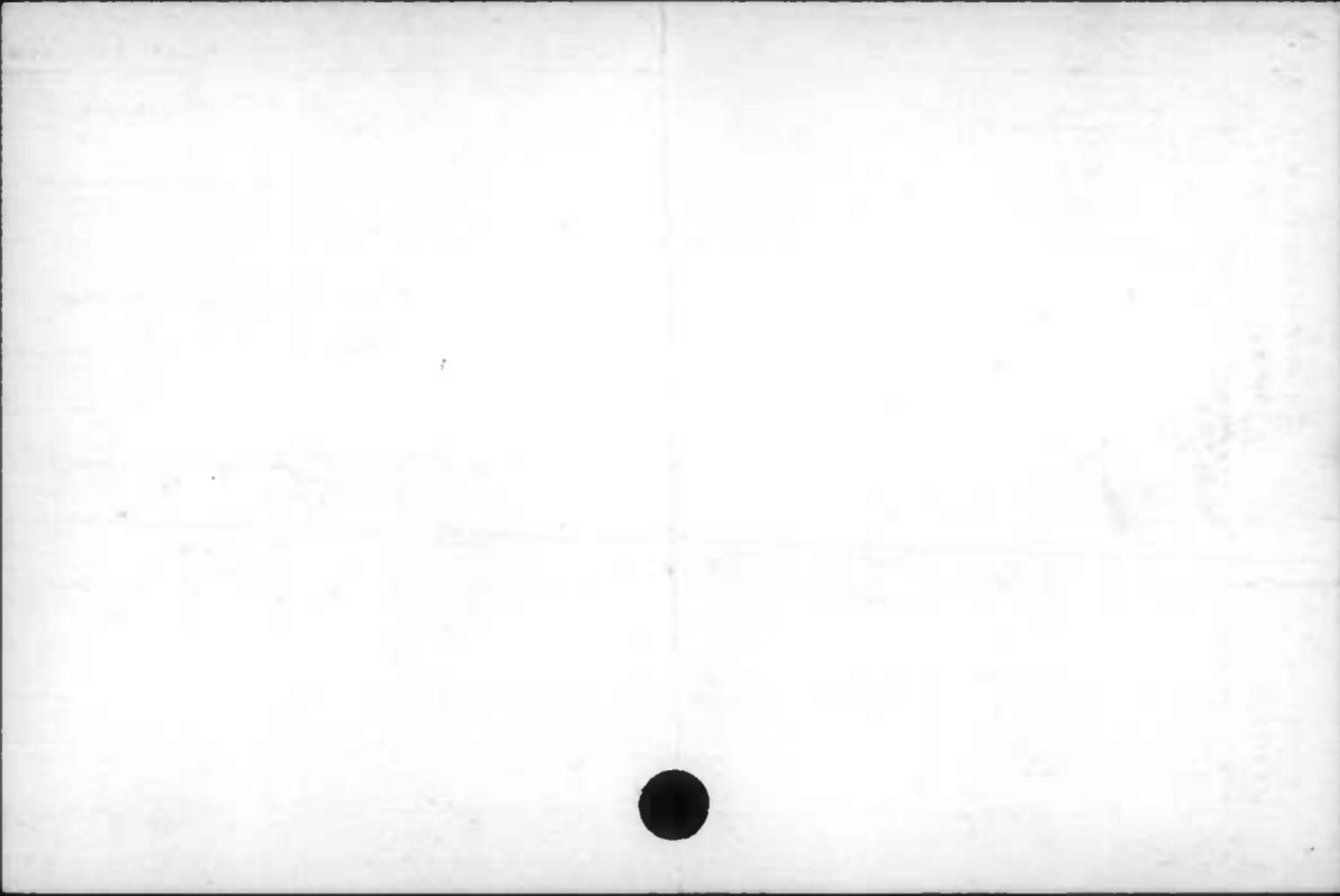
Oceilice Curtis

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at		Town	County	MARYLAND	
Midah River		Baltimore		Month	Days
Date of death	1900	Month	Day	Years	
Sex	Female	Age	6	33	
Occupation	Color or Race	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	James Curtis			
Father's Name		Father's Birthplace			
Mother's Maiden Name		Mother's Birthplace			
Name of person giving Information	James Curtis	How related to deceased			
Primary	CAUSES OF DEATH				79
Immediate	Aortic Regurgitation				How long
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	How long		
Address	Lorraine Roosevelt				
Accident or Suicide	7th				



Name  
in  
Full

Thomas Marquart

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town		County		MARYLAND	
Died at		Hannan Point		Balto.	
Date of death	Month	Day	Years	Months	Days
190	Feb	10	25	—	—
Sex	Male	Color or Race	Negro	Birth-place	Va.
Occupation	Laborer				
Married, Single or Widowed	Single	Name of Wife or Husband	Where Residing if not at place of death Hannan Point		
Father's Name	Unknown				
Mother's Maiden Name	Unknown				
Name of person giving Information	Jos Blau				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Immediate  
Caught in gear wheels

How long

Father's Birthplace  
Unknown

Mother's Birthplace  
Unknown

How related to deceased  
None

How long  
1941

Signature of Physician

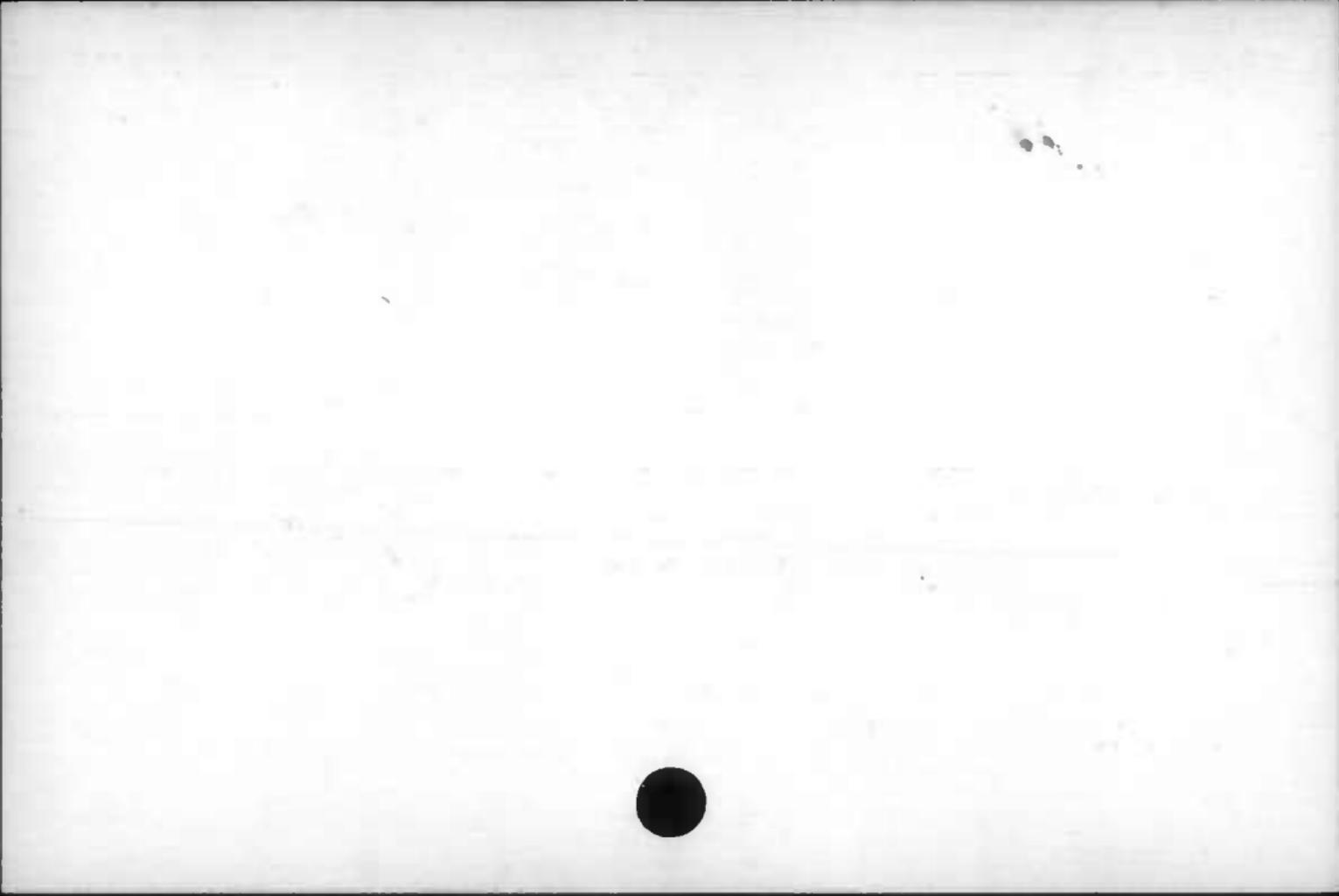
Address

Jos Blau, J.P.  
Hannan Point  
Md

Are the name, age, sex, color, date and place correctly given above?

Accident or Suicide

Accident



Name  
in  
Full

Cora Davis

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Town		County		MARYLAND	
Died at	Not Hope Retreat	Age	27	Month	Days
Date of death	190	Month	Feb - 8th	Year	not known
Sex	Female	Color or Race	White	Birth-place	Md -
Occupation	None	Where Residing if not at place of death			
Married, Single or Widowed	Single	Middletown Md.			
Father's Name	not known	Father's Birthplace			
Mother's Maiden Name	" "	Mother's Birthplace			
Name of person giving Information	Reck M. Hope Retreat	How related to deceased			
CAUSES OF DEATH					
Primary	Chronic Dementia -				
Immediate	Ex. Chronic Gastritis				
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician	
				Address	

107

68 ✓

over 11 yrs -

How long  
not 1 year

Frank J. Flannery  
Not Hope Retreat  
Not Hope Md.

Accident or Suicide



Name  
in  
Full

Laura E. Davis

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at

Town

County

Della

Baltimore

Date  
of death

Month

Day

Years

1900

Feb.

15

33

Months

Days

Sex

Color or  
Race

Female White

Birth-  
place

Ind.

Occupation

Housekeeper

Where Residing if not  
at place of death

Della

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

James A. Davis

Father's  
Birthplace

Father's  
Name

Alex Jenkins

Pa.

Mother's  
Maiden Name

Margatha Pitcher

Mother's  
Birthplace

Name of person giving  
Information

James A. Davis

How related  
to deceased

Husband

CAUSES OF DEATH

28

How long

Primary

Pulmonary Tuberculosis.

2 yrs.

Immediate

asthma

4 weeks

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Marshall B. West.

Address

Catonsville Md.

PHYSICIAN  
OR CORONER

Accident or Suicide

Easton Sons.  
St John's Cemetery.

Name  
in  
Full

Frank Delsse

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Highlandtown Balto. County County

MARYLAND

Date of death 1910 Month Feb. Day 3rd Age

Month 11 Days 24

Sex Male

Color or  
Race

White

Birth-  
place

Balto City

Occupation

None

Where Residing  
at place of death

700 S. Second St

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

Father's  
Name

Peter Delsse

Father's  
Birthplace

Balto Md.

Mother's  
Maiden Name

Bessie Walker

Mother's  
Birthplace

Virginia

Name of person giving  
Information

Peter Delsse

How related  
to deceased

Father

CAUSES OF DEATH

Primary

Baclo-Pneumonia

91

How long

one week

How long

PHYSICIAN  
OR CORONER

Immediate

yes

Signature of  
Physician

Address

D. O. L. Long

2x29 Fairlawn

Are the name, age, sex, color, date  
and place correctly given above?

Accident or Suicide

Schwartz Cemetery  
Feb. 5<sup>th</sup> 1910

Lilly and Geiler  
Undertakers

Name  
in  
Full

Ida Diggs

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Jamesdome

Town

County

Date of death 1900 Month Feb. Day 7

Day

Years

Months

Days

Age no

3

no

Sex female

Color or  
Race

colored

Birth-  
place

Occupation none

Where Residing if not  
at place of death

Jamesdome

Jamesdome

Married, Single  
or Widowed wifecnt

Name of Wife or  
Husband

wifecnt

Father's  
Birthplace

upper marboro

Father's  
Name Ellis

Diggs

Mother's  
Birthplace

charles co. md.

Mother's  
Maiden Name Mary

S. Thomas

How related  
to deceased

of ather

Name of person giving  
Information Eliza Diggs

Diggs

93

How long

6 days

How long

2 days

CAUSES OF DEATH

Primary

Pneumonia

Immediate

Exhaustion

Are the name, age, sex, color, date  
and place correctly given above?

yes.

Signature of  
Physician

Address

Reedlawn  
mt. vernon  
md. 3

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Infant of Theresa Dobrony CERTIFICATE OF DEATH  
Town Grange County Baltimore MARYLAND  
Died at Grange Date 1970 Month Sept Day 27 Age 5 Years 0 Months 0 Days 5  
Date of death 1970 Month Sept Day 27 Age 5 Years 0 Months 0 Days 5  
Sex Male Color or Race White Birthplace Baltimore  
Occupation None Where Residing if not at place of death Same  
Married, Single or Widowed Single Name of Wife or Husband None Father's Name Unknown Father's Birthplace Unknown  
Mother's Maiden Name Theresa Dobrony Mother's Birthplace Baltimore  
Name of person giving Information Theresa Dobrony How related to deceased Mother

Primary

CAUSES OF DEATH

Immediate

Are the name, age, sex, color, date and place correctly given above?

(15)

How long

How long

Signature of Physician

Address

Accident or Suicide

J. S. Sander, M.D.  
332 38 Baltimore

North Point M. E. Cemetery  
March 1<sup>st</sup> 1910

Lilly and Zeiler  
Undertakers

Name  
in  
Full

Rev. W. L. Dally

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	County			MARYLAND	
Died at Mt. Hope Retreat	Baltimore				
Date of death 1960 Feb 5 <sup>th</sup>	Month	Day	Years	Months	Days
			48		
Sax Male	Color or Race	White			Birth-place Virginia
Occupation Clergyman (Methodist)	Where Residing if not at place of death			Virginia	
Married, Single or Widowad	Name of Wife or Husband			not known	
Married					
Father's Name	not known			Father's Birthplace	not known
Mother's Maiden Name	11	11		Mother's Birthplace	11 "
Name of person giving information	Reets Mt. Hope Retreat			How related to deceased	not at all

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Paroxysis Seen -

Immediate Ex -

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Frank J. Flannery

Accident or Suicide

67

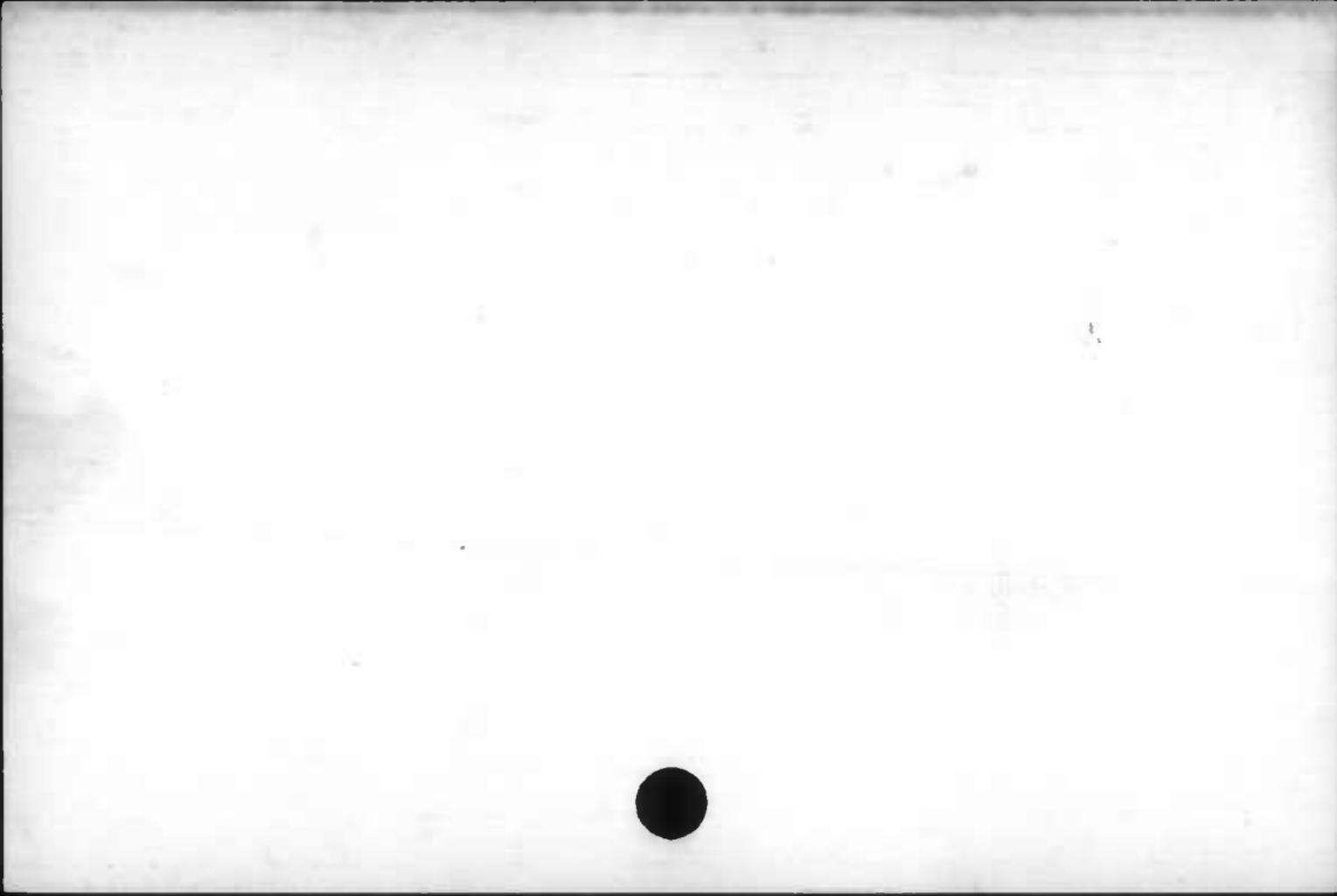
v

How long

4 or 5 yrs

How long

about 2 wks.



Name  
in  
Full

Mary Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>86 Russell St. M'Dowells</u>		County <u>Baltimore</u>		MARYLAND	
Date <u>1910</u> of death <u>190</u>	Month <u>July</u>	Day <u>1</u>	Age <u>49</u>	Years <u>49</u>	Months <u>X</u>
Sex <u>Female</u>	Color or Race <u>Colored</u>	Birth-place <u>M.D.</u>		Days <u>X</u>	
Occupation <u>Artist</u>	Where Residing if not at place of death <u>Same</u>				
<del>Married, Single or Widowed</del>	Name of Wife or Husband <u></u>				
Father's Name <u>David Brown</u>	Father's Birthplace <u>M.D.</u>				
Mother's Maiden Name <u>Jane L. Brown</u>	Mother's Birthplace <u>W. Va.</u>				
Name of person giving information <u>Charles Parker</u>	How related to deceased <u>Brother</u>				
CAUSES OF DEATH					
Primary <u>Paralysis</u>	How long <u>66</u>				
Immediate <u>Heart Failure</u>	How long <u>4 days</u>				
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Officer</u>	Address <u>914 S Sharp St</u>			
Accident or Suicide? <u>None</u>					

PHYSICIAN  
OR CORONER

John H. Toodwin.

W. Auburn

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Thomas Eark

CERTIFICATE OF DEATH

Died at		Town	Baltimore	County	MARYLAND		
Date of death	1900	Month Feb	6	Day	Years 83	Months	Days
Sex	Male	Color or Race	white	Birth-place	Maryland Roland Park		
Occupation	Farmer		Where Residing if not at place of death	Francis J. Eark			
Married, Single, or Widowed	Name of Wife or Husband		Francis J. Eark		Father's Birthplace	Maryland	
Father's Name	Amas Eark		Francis J. Eark		Mother's Birthplace	Maryland	
Mother's Maiden Name	Ellen Carey		Francis J. Eark		How related to deceased	wife	
Name of person giving Information	Francis J. Eark		Francis J. Eark		40	1 month	
CAUSES OF DEATH							
Primary	Cancer of Stomach		Francis J. Eark		How long	1 month	
Immediate	Exhaustion		Francis J. Eark		How long	3 days	

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

E. L. Duncan  
Gowans town

Accident or Suicide

Interment at St. Johns  
Cemetery, near Ellicott's  
City

Horace Bunge  
undertaker

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Geo J Echelberger

Town

County

CERTIFICATE OF DEATH

Died at

Peterson

Baltimore

MARYLAND

Month

Day

Years

Date  
of death

1900 2

6

Age

66

Months

Days

Sex

Male

Color or  
Race

White

Birth-  
place

Md.

Occupation

Carpenter

Where Residing if not  
at place of death

Peterson

Married, Single  
or Widowed

single

Name of Wife or  
Husband

Father's  
Name

unknown

Father's  
Birthplace

unknown

Mother's  
Maiden Name

"

Mother's  
Birthplace

"

Name of person giving  
Information

Confederate Home

How related  
to deceased

Primary

liver disease

113

How long

hours

Immediate

Exhausted

hours now

How long

after work

Are the name, age, sex, color, date  
and place correctly given above?

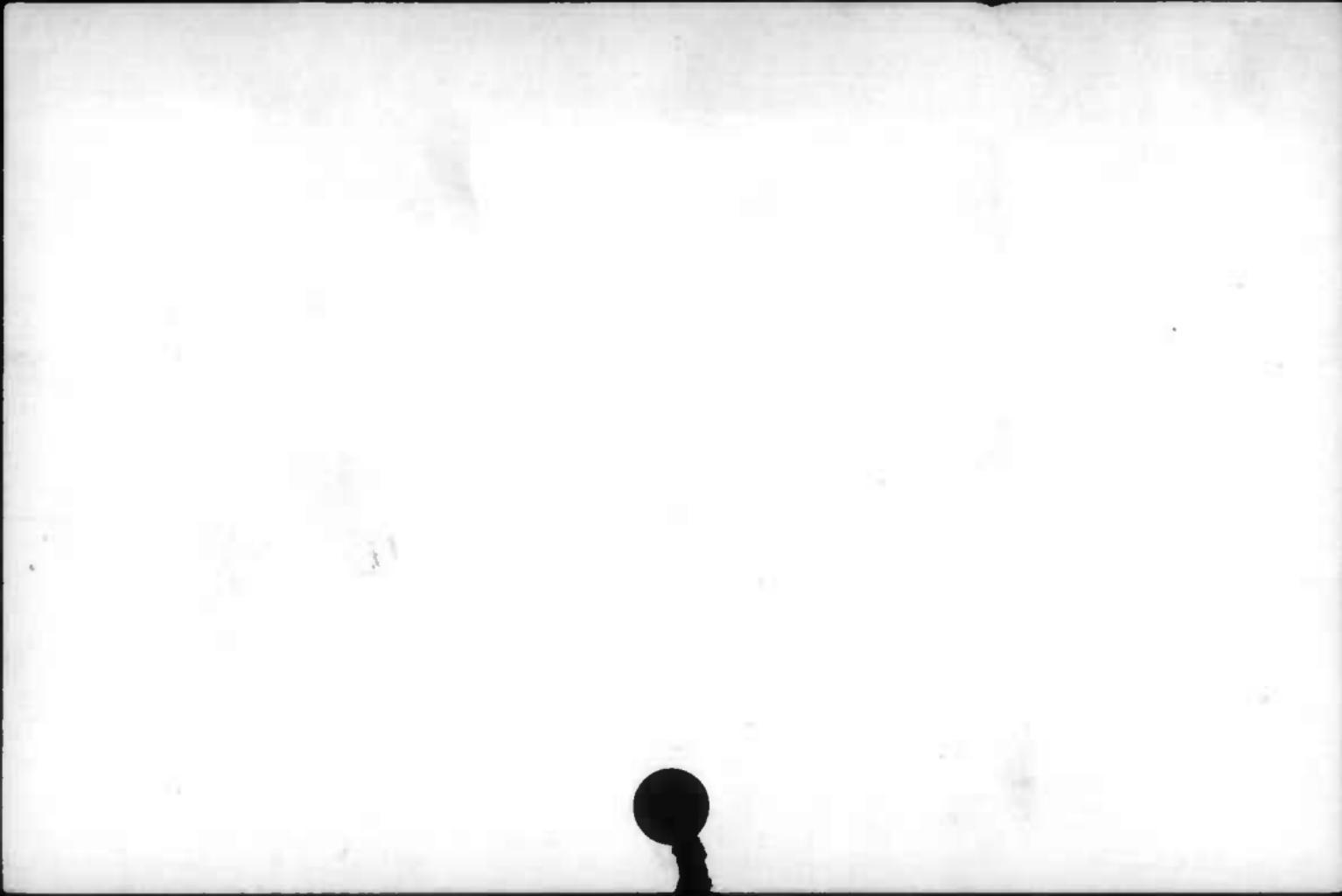
yes

Signature of  
Physician

Address

MD

Accident or Suicide



Name  
in  
Full

Chas. V. Erickson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town Died at		County Balto.		MARYLAND	
Date of death	Month Feb.	Day 10	Years 25	Months —	Days —
Sex Occupation	Male Braheman	Color or Race	white	Birth- place Md.	Where Residing if not at place of death Balto. Co.
Married, Single or Widowed	Single	Name of Wife or Husband	—	Father's Name Unknown	
Mother's Maiden Name	Unknown	Mother's Name Unknown		Mother's Birthplace Unknown	
Name of person giving Information	Joe Blair	How related to deceased None		How long 176 ✓	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Immediate *Crushed between cars*

How long

Are the name, age, sex, color, date  
and place correctly given above?

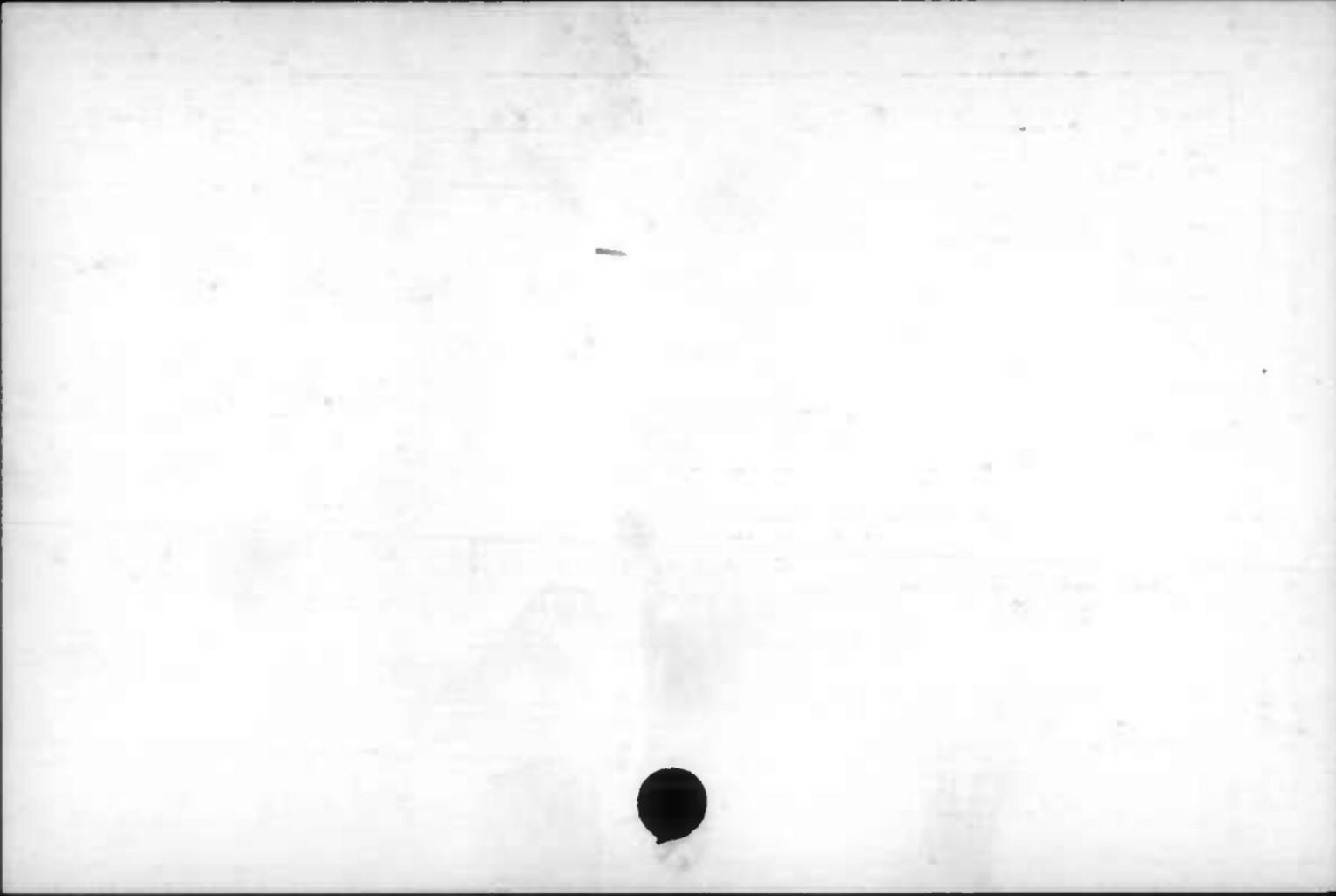
Signature of  
Physician

Address

Accident or Suicide

*Accident*

*ad 15*



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Charles C. Estes  
Died at Bayview Junc'tn, Baltimore County

CERTIFICATE OF DEATH

MARYLAND

Date of death 1910 Month Day Years Months Days

Feb 1st 21

Sex Male Color or Race White

Occupation Barker

Age 21

Birth-place

Where Residing if not  
at place of death

Washington D.C.

Married, Single or Widowed Single Name of Wife or Husband None

Father's Name Washington

Father's Birthplace Unknown

Mother's Maiden Name Unknown

Mother's Birthplace Unknown

Name of person giving Information None

How related  
Unknown

Primary

CAUSES OF DEATH

#6

175

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

Spuck by P. P. Train



Accident

W. & T. Tickner & Sons  
Camden & Peacock

1857

B. Washington 1857

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

(Feeser) Theresa

Town

Died at

Leatonsville

County

Baltimore

CERTIFICATE OF DEATH

MARYLAND

Date

of death 19

Month

Feb

Day

12

Years

32

Months

Days

Sex

Female

Color or  
Race

white

Birth-  
place

Germany

Occupation

Housewife

Where Residing if not  
at place of death

X

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

link.

Father's  
Name

link

Father's  
Birthplace

link

Mother's  
Maiden Name

link

Mother's  
Birthplace

link

Name of person giving  
Information

✓

How related  
to deceased

-

CAUSES OF DEATH

Primary

Alzheimer Dementia

29

How long

1 yr

Immediate

Pulmonary Tuberculosis

How long

6 mos.

Are the name, age, sex, color, date  
and place correctly given above?

Yes

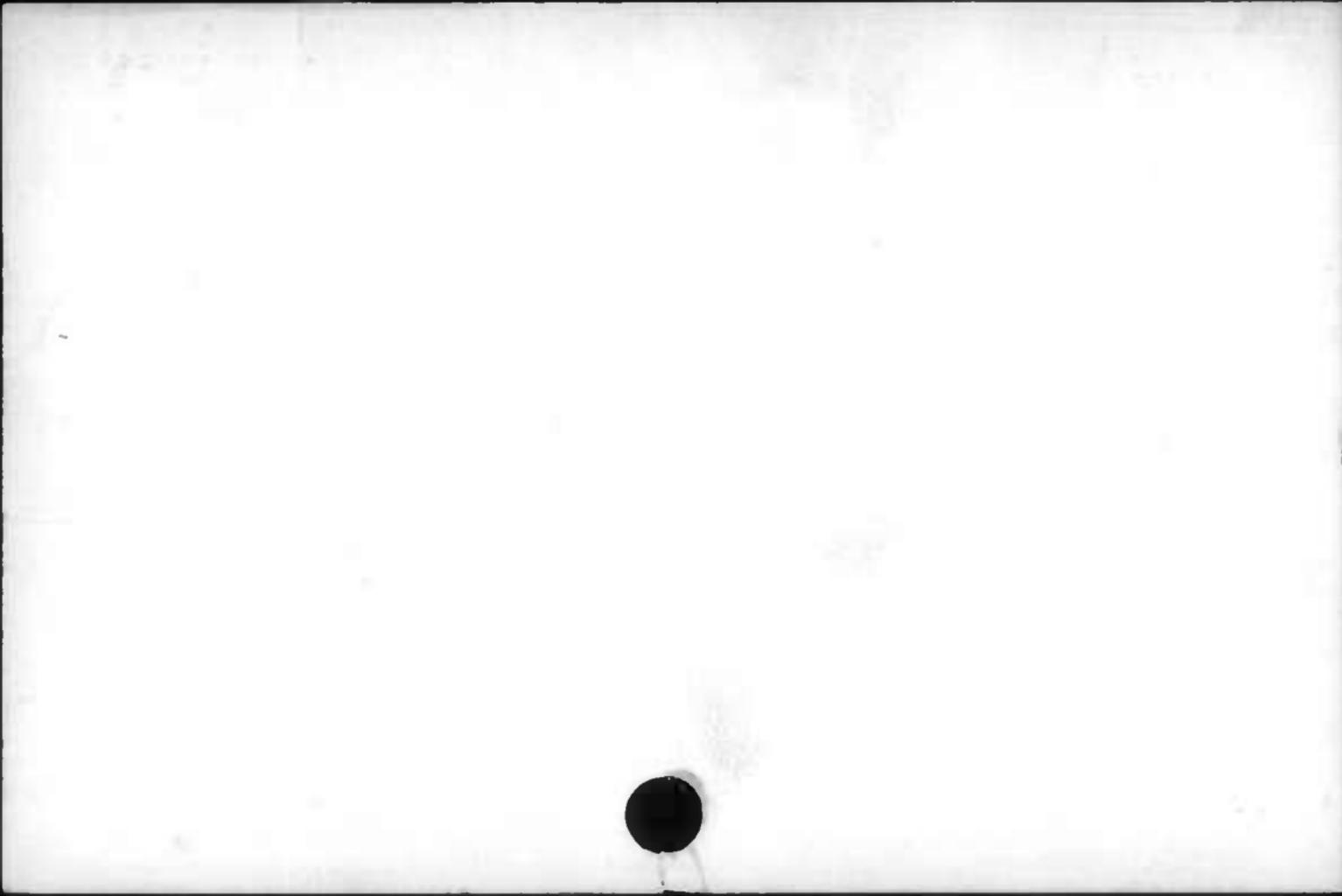
Signature of  
Physician

Address

Hercy Nase  
Leatonsville, Md

No.

Accident or Suicide



Name  
in  
Full

albert H Fetterhoff

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	Place		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Where Residing if not at place of death	Birthplace		
Occupation	Name of Wife or Husband		Father's Birthplace		
Married, Single or Widowed	Name of Wife or Husband		Mother's Birthplace		
Father's Name	Jacob Fettichoff		How related to deceased		
Mother's Maiden Name	Fahruy		Son		
Name of person giving information	Albert Fettichoff		120		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Hypertension & arteriosclerosis*

Immediate *Paroxysm*

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

*Albert Fettichoff*  
Address  
*1130 W 20th Street one  
Baltimore Md*

Accident or Suicide?

No

Brimm & Baat  
undertakers

---

Name  
in  
Full

Edward Elsworth Fox

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Pleasant Hill, Town Baltimore, County

Date of death 1900 Month 11 Day 11 Years Age 47 Months 5 Days 5

Sex Male Color or Race White

Occupation Carpenter Birth-place Pleasant Hill

Married, Single or Widowed Married Name of Wife or Husband

Where Residing if not  
at place of death

Hate S. Fox

Father's Name George Fox

Father's Birthplace New Jersey

Mother's Maiden Name Susan Brown

Mother's Birthplace Baltimore

Name of person giving Information Hate S. Fox

How related to deceased  
Wife

CAUSES OF DEATH

Primary

Hodgkin's Disease

53

How long

5 years

Immediate

Heart failure

How long

a few hours

Are the name, age, sex, color, date  
and place correctly given above?

yes

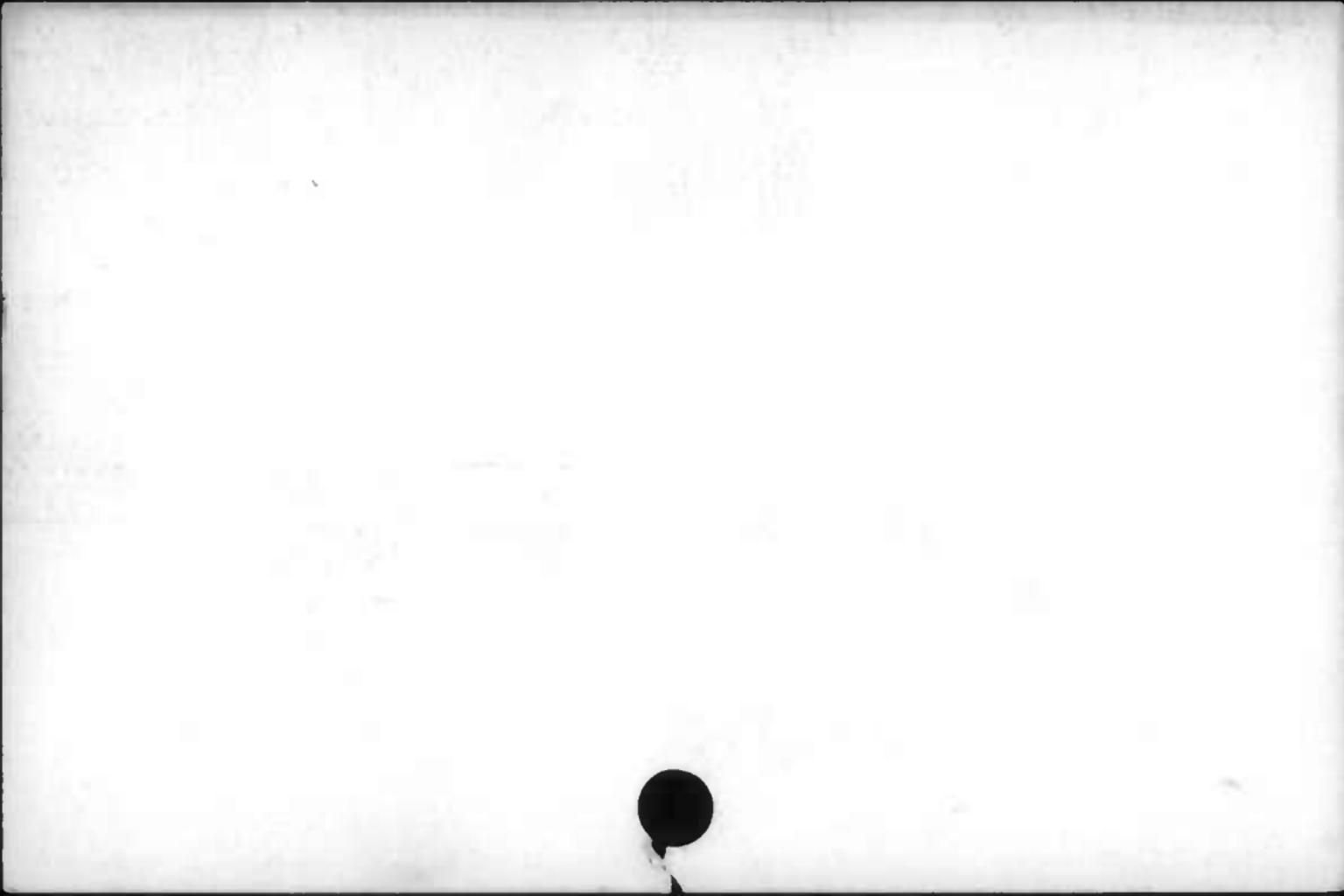
Signature of  
Physician

Address

Mr. Harrington  
Ewings Hill, Md.

PHYSICIAN  
OR CORONER

Accident or Suicide



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Infant of Samuel H. & Mary E. Fox

CERTIFICATE OF DEATH

MARYLAND

Died at Eccelston

Date

of death

1960

Month

July

Day

16

County

Baltimore

Years

—

Months

—

Days

7

Sex

Female

Color or  
Race

White

Birth-  
place

Eccelston

Occupation

Where Residing if not  
at place of death

Eccelston

Married, Single  
or Widowed

—

Name of Wife or  
Husband

—

Father's  
Name

Samuel H. Fox

Father's  
Birthplace

Md

Mother's  
Maiden Name

Mary E. Vessel

Mother's  
Birthplace

Bals. Cty

Name of person giving  
Information

Sam. H. Fox

How related  
to deceased

Father

CAUSES OF DEATH

Primary

Congenital Debility

151

How long

✓

Immediate

Still Neonator

How long

7 days

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

MOE M. PERASQUEZ M.D.

Accident or Suicide

J. H. Tracy  
London Park Cemetery

Name  
in  
Full

Theresa M Traizer

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

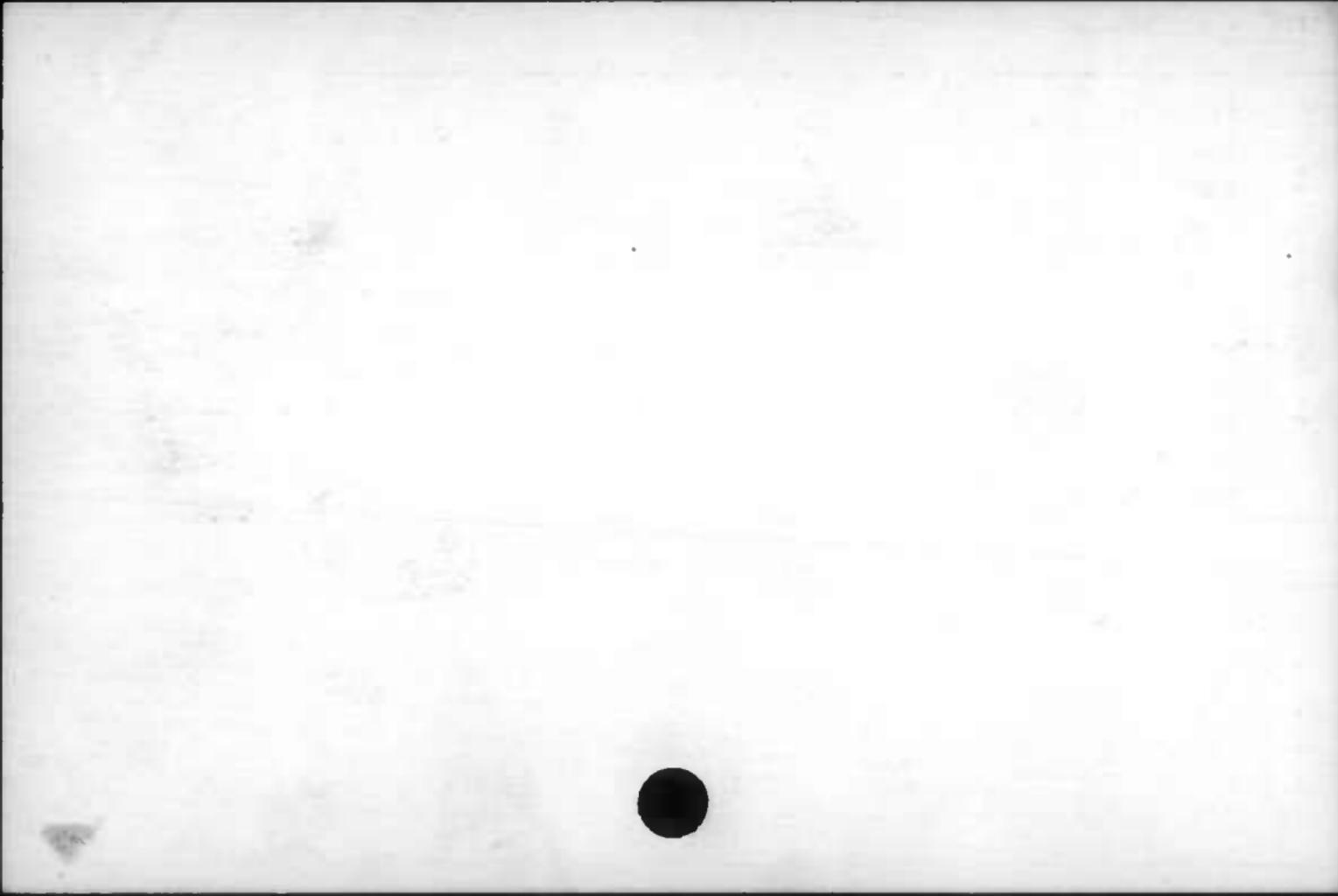
Town	County	MARYLAND	
Died at Woodlawn	Baltimore	Months	Days
Date of death 1940	Feb.	20	36
Sex Female	Color or Race White	Birth-place	Maryland
Occupation House Girl	Where Residing if not at place of death Woodlawn		
Married, Single or Widowed Single	Name of Wife or Husband None	Father's Birthplace	Maryland
Father's Name Joseph T. Traizer		Mother's Birthplace	Maryland
Mother's Maiden Name Susan Traizer		How related to deceased	Brother
Name of person giving Information Edward Traizer			

CAUSES OF DEATH

29

Primary	Pulmonary Tuberculosis		1 year
Immediate	Candida	Aspergillus	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	A. C. Dimmick	
yes	Address	West Faunt Rel	
Accident or Suicide			

PHYSICIAN  
OR CORONER



Name  
in  
Full

Claude E. Funk

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Die at	Town 3720 Clarkmount Ave	County Baltimore	MARYLAND		
Date of death	Month Feb.	Day 13	Years 1	Months 1	Days 27
Sax	Male	Color or Race White	Birth- place Same		
Occupation	Where Residing if not at place of death None				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Claude E. Funk				
Mother's Maiden Name	Annie Schader				
Name of person giving Information	Claude E. Funk				

CAUSES OF DEATH

61

How long

5 days

Primary

Acute & Reversible

Immediate

Convulsions, Exhaustion

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

C. N. Adley

Address

\*Accident or Suicide

PHYSICIAN  
OR CORONER

Oak Law  
Henry Law  
2/13/10

Name  
in  
Full

Nellie Galiner

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Rossville		Town	Baltimore		County	MARYLAND					
Date of death	1900	Month	February	Day	28	Years	Age	34	Months	11	Days	15
Sex	Female		Color or Race	White		Occupation	Birth-place	Baltimore City				
Married, Single or Widowed	Single				Tailor							
Name of Wife or Husband												
Father's Name	John Galiner					Father's Birthplace	Russia					
Mother's Maiden Name	Elisabeth Sokitis					Mother's Birthplace	Russia					
Name of person giving information.	Della Galiner					How related to deceased	Sister					

CAUSES OF DEATH

27

Primary

Consumption

How long

5 weeks

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

William H Haut  
Justice of the Peace

PHYSICIAN  
OR CORONER

Accident or Suicide?

Interment of  
Holy Redeemer  
Wm Cook  
5026 Northard  
March 1/910

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

John Gebhard		Town		County		MARYLAND	
Died at	Hilandtown	Baltimore					
Date of death	1910	Month	2	Day	24	Years	87
Age		Months	10	Days	17		
Sex	Male	Color or Race	White	Birth-place	Germany		
Occupation	Baker	Where Residing if not at place of death		940 33rd St			
Married, Single or Widowed	Married	Name of Wife or Husband	Margaret Gebhard		Father's Birthplace	Germany	
Father's Name	Nicholaus Gebhard				Mother's Birthplace	Germany	
Mother's Maiden Name	Dont Know				How related to deceased	wife	
Name of person giving Information	Margaret Gebhard				120	v	
CAUSES OF DEATH							

PHYSICIAN  
OR CORONER

Primary

Chronic Intestinal Nephritis

How long

15 years

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

Dr. F. A. Seante

Address

3244 Eastern Ave.

Accident or Suicide?

William Cook  
502 E. North Ave  
Undertaker.

Funeral from 420 S Clinton St  
Feb 26th 1910.

to  
Trinity Cem.

Name  
in  
Full

Lillian Gehring

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Bethel Woodlawn Balto

MARYLAND

Date of death	Month	Day	Years	Month	Days
1960	Feb	24	Age 1	8	29
Sex	Color or Race	white			
Female					

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

Father's  
Name

John H. Gehring

Father's  
Birthplace

Balto City

Mother's  
Maiden Name

Annie J. Skapraun

Mother's  
Birthplace

" "

Name of person giving  
Information

John H. Gehring

How related  
to deceased

Father

CAUSES OF DEATH

Primary

Lobar Pneumonia

How long

10 days

Immediate

Cardiac Arrest

How long

immediate

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Yes

Address

A. C. Smith  
West Laurel Lane

Accident or Suicide

Jos B. Cook  
New Cathedral Cemetery.

Name  
in  
Full

Geo. M. Isliss

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Woodlawn Town Baltimore County

Date of death 1960 Month Feb Day 28 Age 27 Months 9 Days -

Sex Male Color or Race white

Occupation Stone Ctr. Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Wm. Isliss

Father's Birthplace

Germany

Mother's Maiden Name Sra. Berwager

Mother's Birthplace

Ind  
Brooklyn

Name of person giving Information Wm. Isliss

How related to deceased

Primary

Pulmonary Tuberculosis

27

How long

7 yrs  
10 hrs.

Immediate

Dyspnoea

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Wm. Isliss  
2202 Garrison Ave  
Baltimore, Md.

PHYSICIAN  
OR CORONER

Accident or Suicide

Lorraine Cemetery

E. Schlosser & Son  
1039 Hanover St.

Name  
in  
Full

Still-Born Goeller

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Sparrows Point		County Baltimore.		MARYLAND	
Date of death 1900	Month Feb	Day 17	Age —	Months —	Days —
Sex Female	Color or Race White	Birth-place Sparrows Point			
Occupation Nurse	Where Residing if not at place of death 5 W. E. St. S.P. Md.				
Married, Single or Widowed Single	Name of Wife or Husband —				
Father's Name Adam Goeller	Father's Birthplace Germany				
Mother's Maiden Name Emma Elsinger	Mother's Birthplace Germany				
Name of person giving Information Adam Goeller	How related to deceased Father				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Still-Born

8  
How long

Immediate

Still-Born

How long

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

H. K. Pellegrino M.D.  
Sparrows Pt.  
Md. 15

Accident or Suicide



Name  
in  
Full

Louis Boyd Golderman

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at

Town

Baltimore

County

Baltimore

MARYLAND

Date  
of death

Month

Day

Years

Months

Days

1900

Feb.

22

4

5

20

Sex

Male

Color or  
Race

White

Birth-  
place

Baltimore

Occupation

—

Where Residing if not  
at place of death

Belair Rd & Cole Ave

Married, Single  
or Widowed

single

Name of Wife or  
Husband

—

Father's  
Name

Louis B Golderman

Father's  
Birthplace

Baltimore

Mother's  
Maiden Name

Lillian Franklin

Mother's  
Birthplace

Baltimore

Name of person giving  
Information

Mrs Golderman

How related  
to deceased

Mother

CAUSES OF DEATH

Primary

Tuberculosis Spine (and lungs)

27 ✓

How long

4 yrs.

Immediate

Bethesda

How long

2 mos.

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

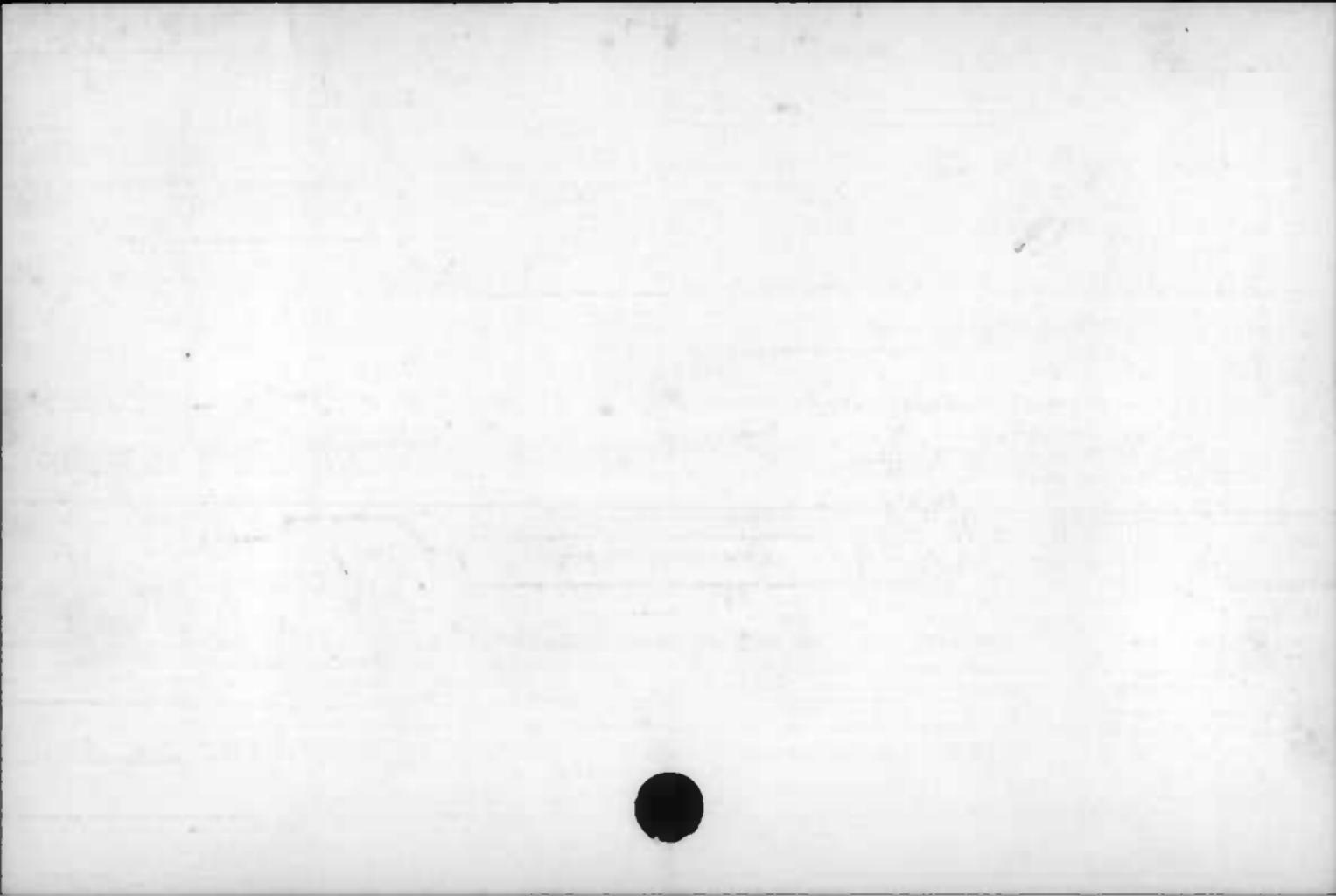
Fred M. Crank

St. Agnes Hospital  
Baltimore

Yes

No

Accident or Suicide?



Name  
in  
Full

Walter. Gralovski.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death	Month	Day	Years	Month	Days	
Sex	Male	Color or Race	White	Birth-place	Germany	
Occupation	Labour		Where Residing if not at place of death	1620 Lancaster St.		
Married, Single or Widowed	Single		Name of Wife or Husband	Lillian Malecka.		
Father's Name	John Grabowski.		Father's Birthplace	Germany.		
Mother's Maiden Name	Mary Arczogezewska		Mother's Birthplace	Germany.		
Name of person giving Information	Lillian Grabowski.		How related to deceased	Wife.		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Accident - fell down

Immediate hold of boat

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

Accident

for Blair (coroner)  
Sparsom Point -  
Md 15



Name  
in  
Full

Infant of Tony & Anna E Grasley

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Town

County

Myrtle Avenue

Baltimore

MARYLAND

Date  
of death

Month

Day

Years

Months

Days

1940

Feb

8

Years

Months

14

Sex

Male

Color or  
Race

Age

Birth-  
place

Maryland

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

Father's  
Name

Tony A Grasley

Father's  
Birthplace

Tuckerel

Mother's  
Maiden Name

Anna E Brooks

Mother's  
Birthplace

Weland

Name of person giving  
Information

Tony A Grasley

How related  
to deceased

2nd

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Pneumonia Baltz

How long

91

Immediate

Bronchitis Pneumonia

How long

2 days

Are the name, age, sex, color, date  
and place correctly given above?

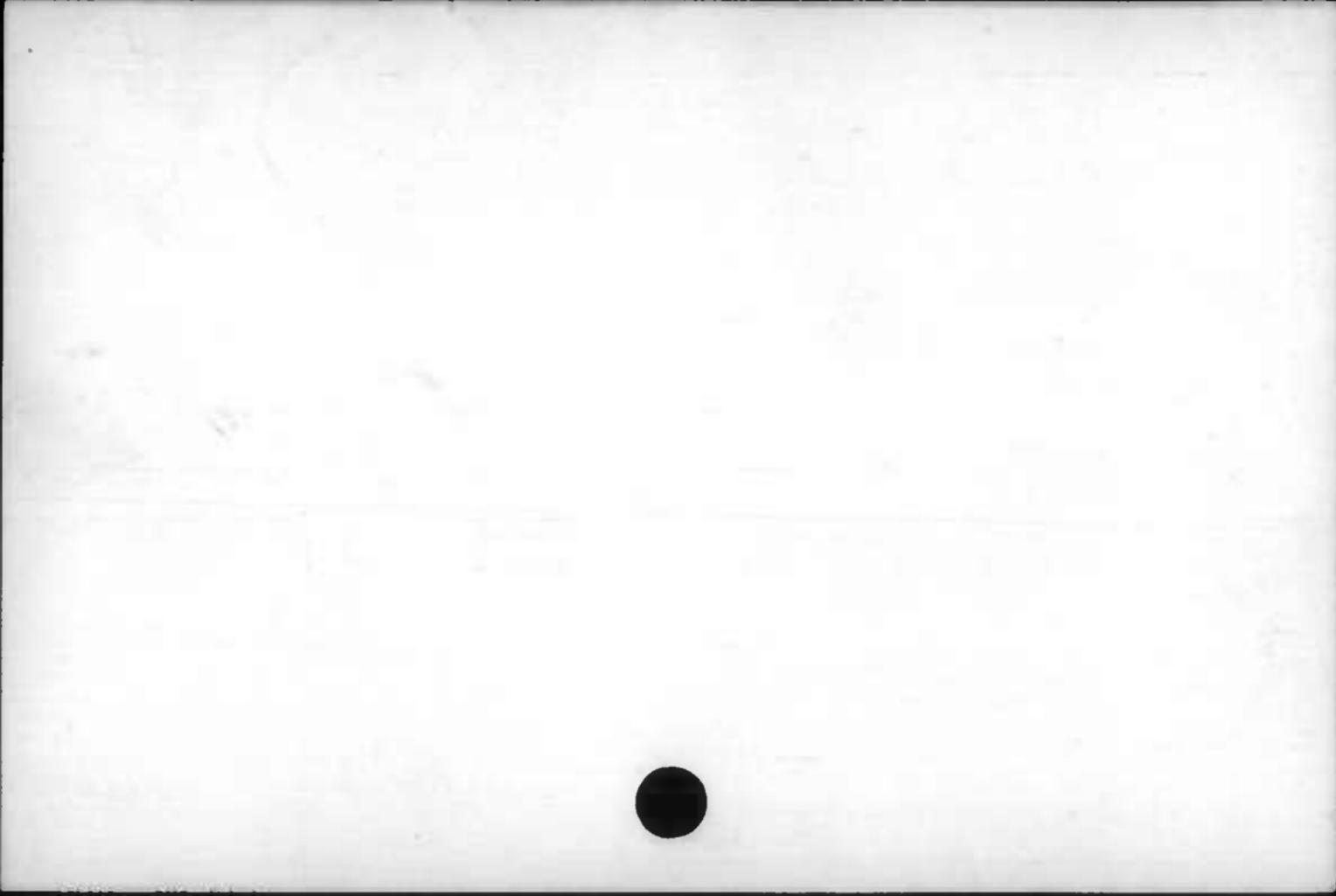
Signature of  
Physician

Address

yes

W. A. D. M. 205  
5610 Middle St.  
Baltz

Accident or Suicide



Name  
in  
Full

Baby. Greene

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Town Catonsville  
County Balto  
MARYLAND

Died at Date of death 1910 Month Feb Day 12 Age  
Sex female Color or Race Colored  
Occupation none Where Residing if not at place of death  
Married, Single or Widowed Single Name of Wife or Husband none  
Father's Name Rubin Greene  
Mother's Maiden Name Hatter Bell  
Name of person giving Information Rubin Greene

Father's Birthplace Howard Co  
Mother's Birthplace Howard Co  
How related to deceased Father

CAUSES OF DEATH

Primary

8 months in Utero

How long

Immediate

Had been dead about one week

Are the name, age, sex, color, date and place correctly given above?

gs

Signature of  
Physician

Address

Marshall B. West.

Catonsville  
Md

Accident Suicide

Mrs. C. Prud'homme & Son.

D.O.O. of Amherst.

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

~~Gumbadini~~ ~~Baltimore~~  
~~Highland~~ ~~Town~~ ~~County~~  
~~3310 E Lombard St~~ ~~Baltimore~~

CERTIFICATE OF DEATH

MARYLAND

Died at 3310 E Lombard St Baltimore  
Date of death 1940 Month Feb Day 17 Years

Months Days

Sex

Male

Color or  
Race

Age

Birth-  
place

Occupation

White

Highland Baltimore  
at place of death

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Frank Gumbadini

Father's  
Birthplace

Mother's  
Maiden Name

Jennie Barletti

Mother's  
Birthplace

Name of person giving  
Information

Frank Gumbadini

How related  
to deceased

CAUSES OF DEATH

Primary

Miscarriage from shock.

151

✓

Immediate

How long

2 weeks ago

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

Joseph Barrone M.D.  
204 St. Greene St.

Accident or Suicide

J. B. Schmitz Son

Date of burial

Feb 17 1910

Trinity cemetery  
Mt. Carmel Road

Name  
in  
Full

William F. Haase

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Town  
Died at Highwoodtown  
County  
Bolton  
MARYLAND

Date of death 1900 Month Feb. Day 26 Years Age 32 Months — Days —

Sex Male Color or Race white Birth-place Md.

Occupation Printer Where Residing if not at place of death 505 Seventh St.

Married, Single or Widowed Married Name of Wife or Husband Elizabeth Haase

Father's Name Louis E. Haase Father's Birthplace Va

Mother's Maiden Name Anna Groth Mother's Birthplace Germany

Name of person giving Information Anna Haase How related to deceased Mother

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

27 ✓

How long

1 year

Immediate

Bronchitis

How long

2 weeks

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Dr. F. A. Glantz  
3244 Eastern Ave

PHYSICIAN  
OR CORONER

Accident or Suicide

Robt T Turner  
undertaker

---

Trinity  
Cemetery

---

March 1<sup>st</sup> - 1910 -

---

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

l

Harry Harr

Town

Diad at Spring Point

County

Date of death 1907 Month Feb Day 27

Years

Age

Months

Days

Sex Male

Color or  
Race

Black

Birth-  
place

Occupation Miner

Where Residing if not  
at place of death

MARYLAND  
Spring Point

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Thummie Harr

Father's  
Birthplace

Mother's  
Maiden Name

Eliza Brown

Mother's  
Birthplace

Name of person giving  
Information

Thummie Harr

How related  
to deceased

Primary

CAUSES OF DEATH

Pyromania  
Insanity

151

How long

7 mos

Immediate

How long

9 mos

Are the name, age, sex, color, date  
and place correctly given above?

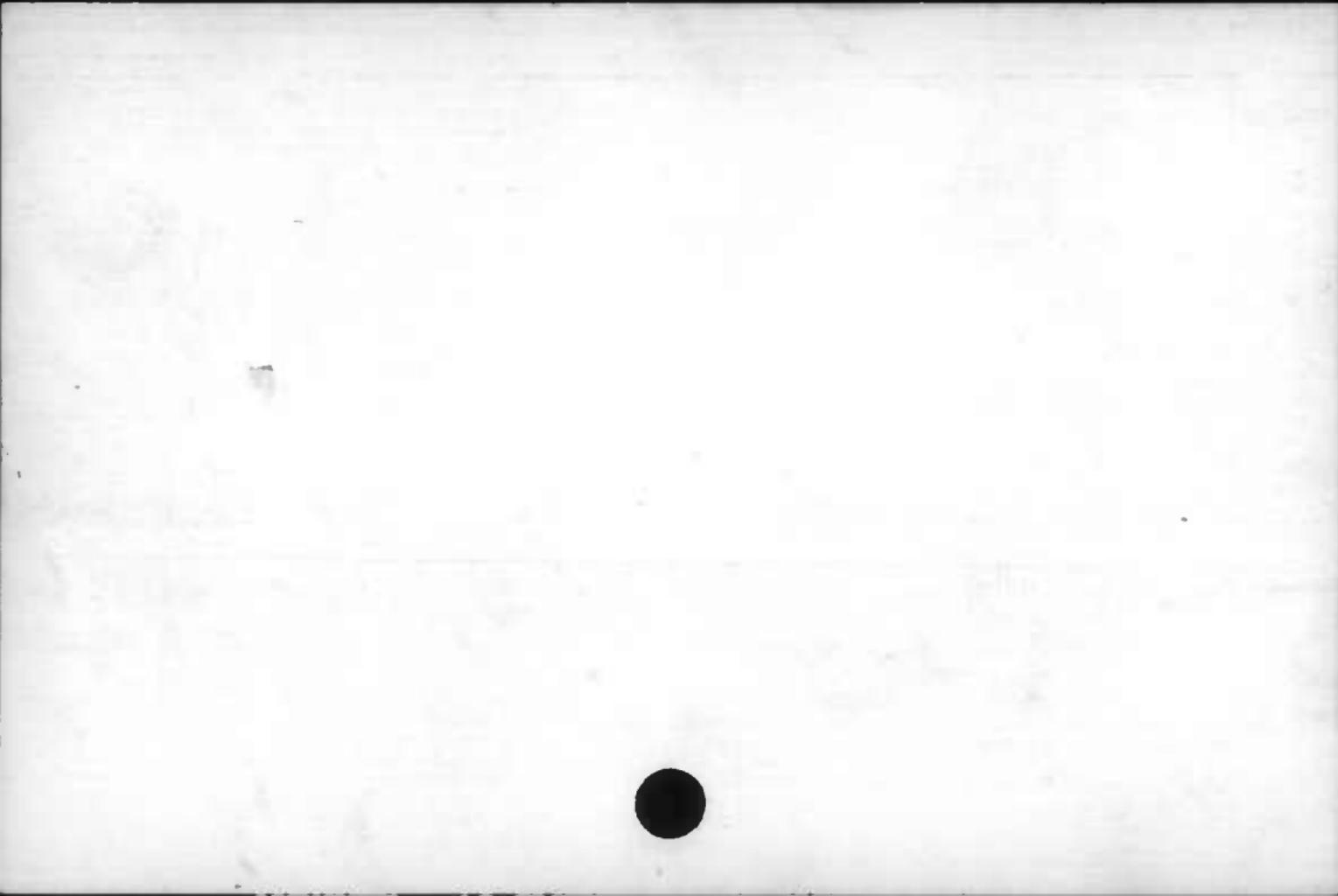
Yes

Signature of  
Physician

Address

J. C. Elsdon M.D.  
Spring Point

Accident or Suicide



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Louis Hammelman

Town Anstion County Baldo

CERTIFICATE OF DEATH

MARYLAND

Died at Anstion Date of death 1907 Month Oct Day 26 Age 27 Years

Months

Days

Sex Female Color or Race White Birth-place Baldo

Occupation school child

Where Residing if not  
at place of death

Sam

Married, Single  
or Widowed Single

Name of Wife or  
Husband None

Father's  
Name Louis Hammelman

Father's  
Birthplace Baldo

Mother's  
Maiden Name Margaret Snyder

Mother's  
Birthplace Baldo

Name of person giving  
Information Margaret Hammelman

How related  
to deceased Daughter

188

CAUSES OF DEATH

Primary

Cardiac Syncope

178

How long

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

J. A. Suder Jr.  
3352 E. Balto St.

Accident or Suicide

Holy Redeemer Cemetery  
March 1<sup>st</sup> 1910.

Lilly and Geiler  
Undertakers.

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

John Hannon

Town

Sparrow's Pt.

County

Baltimore

MARYLAND

Died at

Month

Feb

Day

26

Years

40

Months

—

Days

Date  
of death

1910

Feb 26

Age

40

Sex

Male

Color or  
Race

white

Birth-  
place

Ireland

Occupation

Labores

Where Residing if not  
at place of death

Sparrow's Pt.

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

—

Father's  
Birthplace

Ireland

Father's  
Name

James Hannon

Mother's  
Maiden Name

unknown

Mother's  
Birthplace

Ireland

Name of person giving  
Information

Mrs. Jas. Long

How related  
to deceased

Sister

CAUSES OF DEATH

Primary

Plethora

93

How long

Immediate

Exhaustion

6 days

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

H.K. Peltier M.D.  
Sparrow's Pt.  
Md.

15

Accident or Suicide

St. Patricks Com.

J Herwig for

2/28/10

Name  
in  
Full

Barbara Hartman

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Highlandtown		Town	County	MARYLAND	
Date of death	1910	Month	2	Day	Years	Months
Sex	Females	Color or Race	Whites	Birth-place	Balto Md.	
Occupation	House wife		Where Residing if not at place of death	609 S. East Ave.		
Married, Single or Widowed	Married	Name of Wife or Husband	Joseph Hartman			
Father's Name	Edward Leimkuhler		Father's Birthplace	Germany.		
Mother's Maiden Name	don't know		Mother's Birthplace	"		
Name of person giving Information	Joseph Hartman		How related to deceased	Husband.		

CAUSES OF DEATH

Primary

Asthma

96

How long

15 years

Immediate

Bronchitis

How long

5 weeks

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Dr. F. A. Glantz  
3244 Eastern Ave.

Accident or Suicide

Lilly & Zeiles,

Sacred Heart Cemetery.

Feb. 5/1910.

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Jeremiah Hartnett

Died at Sparrow's Pt. Balt.

MARYLAND

Town

County

Date of death 1910 Month Feb Day 22 Age 49 Years Months Days

Sex Male Color or Race White Birth-place England  
Occupation Iron Worker Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husbandannah Hartnett

Father's Name Michael Hartnett

Father's Birthplace Ireland

Mother's Maiden Name Julia Marion

Mother's Birthplace

Name of person giving Information Mrs. J. Hartnett

How related to deceased

Wife.

CAUSES OF DEATH

Primary

Pneumonia

93

How long

5 days

Immediate

Exhaustion

24 hours

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

A. K. Pettelian  
Sparrow's Pt.  
Md.

PHYSICIAN  
OR CORONER

Accident or Suicide

J. A. Moran  
Undertaker

St. Patricks cemetery

Caroline Virginia Headington				CERTIFICATE OF DEATH		
Died at Reston		Town County Ball		MARYLAND		
Date of death 1910	Month Feb	Day 12	Age 69	Years	Months	Days
Sex Female	Color or Race white	Occupation House		Birth- place Howard co MD		
Married, Single or Widowed widow						
Name of Wife or Husband James. v. Headington						
Father's Name Thomas G Davis			Father's Birthplace Howard co MD			
Mother's Maiden Name Susan Hobbs			Mother's Birthplace Howard co MD			
Name of person giving Information William Headington			How related to deceased Son			

## CAUSES OF DEATH

154

How long

1 yr.

How long

1 mo.

Primary

General Debility

Immediate

Exhaustion

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician  
N. M. SladeAddress  
Reston term Med.

Accident or Suicide?

To be Buried at woodland  
Country

Name  
in  
Full

Louis Hecker

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death 1910	Month	Day	Years	Months	Days	
10	Feb.	12	34	1	25	
Sex	Male	Color or Race	White	Birth- place	Baltimore Md.	
Married, Single or Widowed	Single	Occupation	Driver			
Name of Wife or Husband						
Father's Name	William Hecker.	Father's Birthplace	Germany			
Mother's Maiden Name	Elizabeth Bonn	Mother's Birthplace	" "			
Name of person giving Information	Henry Hecker.	How related to deceased	Brother			

CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary

Chronic Pulmonary Phthisis

How long

About 1 year.

Immediate

Cardiac Syncpe

How long

Slowly progressive

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

Henry Waldschmidt M.D.

133 Hanover St.

Balt. Md.

13

Accident or Suicide?

No.

Mr. & Mrs. John H. Penzel  
801 W. Fayette St.

Louis Wecker to be buried London Park  
Cemetery Feb. 14<sup>th</sup> 1910

Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Fannie Bay Hein

Died at <u>213 oakdale Road</u> Town <u>Roland Park</u>				County <u>Balto.</u>	CERTIFICATE OF DEATH	
Date of death	Month	Day	Years	Months	Days	<u>MARYLAND</u>
1940	Feby	7	55	10	10	
Sex	Female	Color or Race	white	Birth-place	<u>Balto. Md</u>	
Occupation	Retired	Where Residing if not at place of death <u>at Residence</u>				
Married, Single or Widowed	Widow	Name of Wife or Husband				
Father's Name	Oliver Bay	Father's Birthplace	<u>Balto</u>			
Mother's Maiden Name	Rachel Norwood	Mother's Birthplace	<u>Balto Co.</u>			
Name of person giving information	Fannie Bay Thompson	How related to deceased	daughter			

CAUSES OF DEATH

50

Primary Slightes & Brights disease

How long 12 years 1 year

Immediate Central vlm on stage

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yr

Signature of Physician

Address

M. Gibson Dorlin  
Roland Park Md.

Accident or Suicide?

No

E. Madison Mitchell  
1201 W. Fayette St  
Baltimore  
Interred at  
Druid Ridge Cemetery  
Pikesville Baltimore, Md.

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Harriet E Heimendahl

CERTIFICATE OF DEATH

MARYLAND

Died at Sheppard & E P Hosp Town Baileys  
Town Month Day County  
Date of death 1960 Feb 22 Age 51 Months  
Sex M Color or Race 8th Days  
Occupation Musician (Teacher) Where Residing if not  
at place of death

Married, Single or Widowed M Name of Wife or Husband

Mrs Bessie (Bird) Heimendahl

Father's Name Matthew

Father's Birthplace Germany

Mother's Maiden Name Matthew

Mother's Birthplace Germany

Name of person giving Information Est Brush

How related to deceased  
Sister

Primary

Tabs. Pneumis  
Exhaustion

CAUSES OF DEATH

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

Sheppard & Enoch Pratt Hosp  
Towson Md

Attacks or Suicidal

62.

How long

1 Year +

How long

several months

Place of burial London Park Cemetery

Henry W. Jenkins & Sons Co

McCulloch & Orchard st's.

Name  
in  
Full

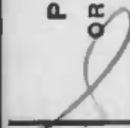
Joseph B Herbert

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death	1910	Month 2	Day 28	Years 66	Months 3	Days 9
Sex	Male	Color or Race	White	Birth-place	Maryland	
Occupation	Magistrate		Where Residing if not at place of death	Towson		
Married, Single or Widowed	Married	Name of Wife or Husband	Kate Nueton Herbert			
Father's Name	Gideon Herbert			Father's Birthplace	Maryland	
Mother's Maiden Name	Elizabeth Gildmyor			Mother's Birthplace	Maryland	
Name of person giving Information	Mrs Thomas Murray			How related to deceased	Sister	
CAUSES OF DEATH				120 ✓		

PHYSICIAN  
OR CORONER



Primary

Bright's

How long

Years

Immediate

Uraemic Toxicemia. Coma

How long

6 days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

R. C. Massenburg

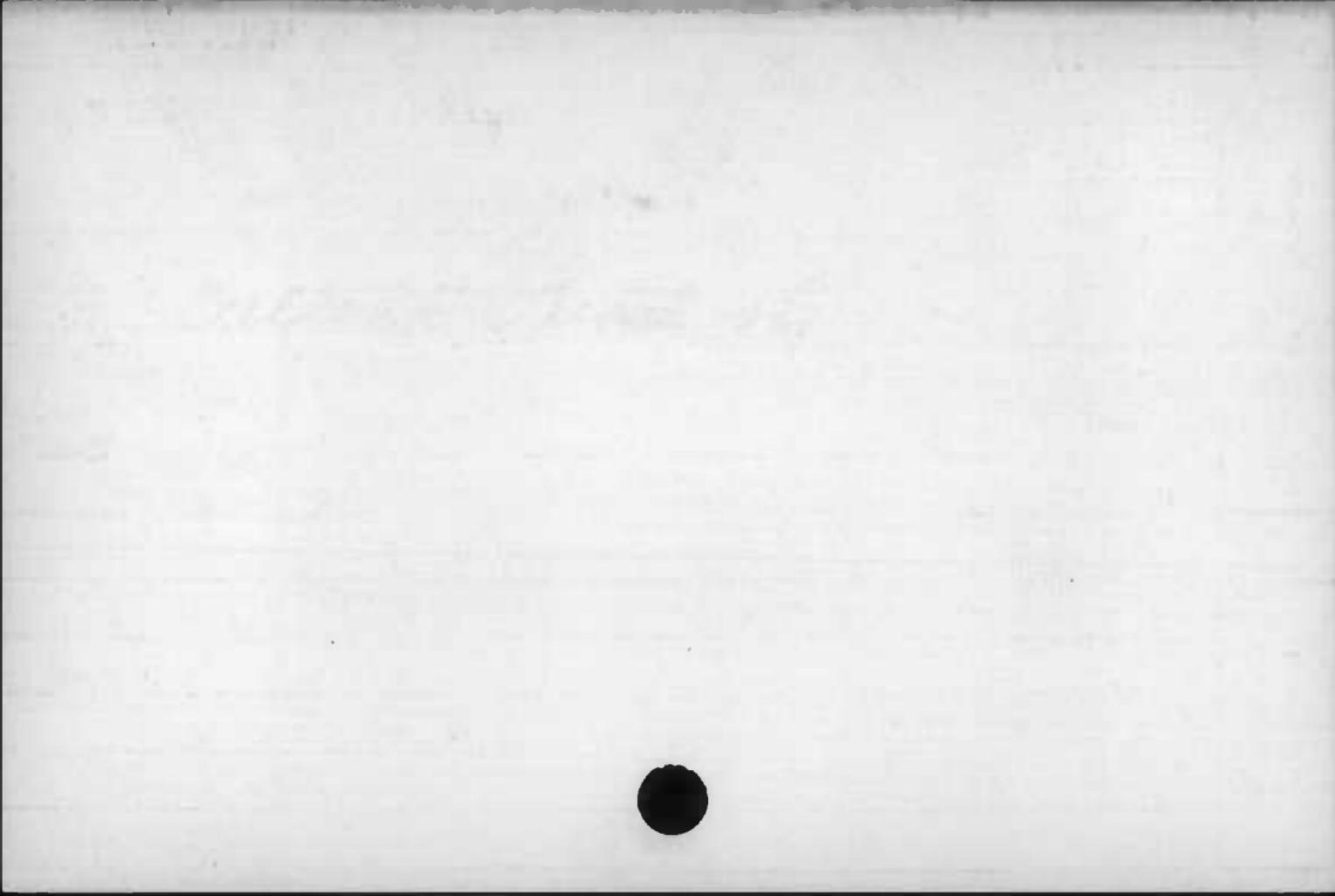
Address

Towson

Accident or Suicide?

No

9



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

CERTIFICATE OF DEATH

Name in Full		John Herbst				County	
Died at		Town		Highlandtown		Baltimore.	
Date of death 1940	Month Feb	Day 6	Age 59	Years	Month 8	Day 12	
Sex Male	Color or Race White	Where Residing is not at place of death		Germany 3827 Foster Ave			
Occupation Watchman	Name of Wife or Husband		Mary M. Herbst				
Married, Single or Widowed Married	Name of Wife or Husband		Mary M. Herbst				
Father's Name Don't Know	Name of Wife or Husband		Germany				
Mother's Maiden Name "	Name of Wife or Husband		Germany				
Name of person giving Information Mary M. Herbst	Name of Wife or Husband		Wife				
CAUSES OF DEATH							
Primary	Arterial Sclerosis Nephritis						
Immediate	120						
Are the name, age, sex, color, date and place correctly given above? Yes	How long 7 mos						
Signature of Physician							
Address							
C.N. Bleyer 1902 Eastern Ave							
Accident or Suicide							

Sacred Heart Cemetery

Feb 10<sup>th</sup> 1910

Lilly and Geelee  
Undertakers

Name  
in  
Full

Sallie A. Hicker

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town County  
Died at Highlandtown Balto. MARYLAND  
Month Day Month Days  
Date of death 1910 Feb. 8<sup>th</sup> — —  
Sex Female Color or Race White Birth-place Talbot Co. Md.  
Occupation House Work. Where Peading if not  
at place of death  
Married, Single Name of Wife or Husband Thos. H. Hicker Deceased  
or Widowed Widow Father's Birthplace Md  
Father's Name Don't Know  
Mother's Maiden Name " Mother's Birthplace "  
Name of person giving Information May Bennett Slaughter.  
Name of person giving Information

CAUSES OF DEATH

64

How long

Two years

How long

24 hours

Signature of  
Physician

Address

447 Temple  
2000 E. Baltimore

PHYSICIAN  
OR CORONER

Primary

Arterio sclerosis

Immediate

Cerebral hemorrhage

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Accident or Suicide

No

Loudon Park  
Cemetery

Feb 10 1880

Lilly and Zeiler  
Undertakers

Name  
in  
Full

Amos Hill

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Highlandtown		own	County	Baltimore	
Date of death	Month	Day	Years	Months	Days	MARYLAND
Sex	Male	Color or Race	White	Birth-place	Penns.	
Occupation	Farmer Retired		Where Residing if not at place of death	3508 Eastern Av		
Married, Single or Widowed	Married	Name of Wife or Husband	Nancy Hill	Father's Birthplace	Penns.	
Father's Name	Unknown		George Hill	Mother's Birthplace	Penns.	
Mother's Maiden Name	Unknown		George Hill	How related to deceased	Son	
Name of person giving information						

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

old age

154

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

A.S. Warner M.D.

Address

320 Highland Ave

Accident or Suicide

no

Oak Lamm benn.

J Herwig & Son  
2/5/10

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Name in Full		Joseph Hoff		CERTIFICATE OF DEATH				
Died at Town		Baltimore County		MARYLAND				
Date of death	Month	Day	Age	Years	Months	Days		
1960	Feb.	22	64	no	no	no		
Sex	Color or Race	White		Birth- place				
Occupation	Where Residing if not at place of death		Md.					
Married, Single or Widowed	Name of Wife or Husband		Baltimore					
Married	Dora Lisk		Va					
Father's Name	Joseph Hoff		Va					
Mother's Maiden Name	Joan Sumbleton		Va					
Name of person giving Information	Dora Hoff		Wife					
CAUSES OF DEATH								
Primary	79							
Immediate	How long Don't know							
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	How long Don't know					
		Mr. M. O. Koenig and Ellen O. Koenig						
Accidental Death		Address						

Eastern Sows.  
Della Ciretruf.

Name  
in  
Full

Lauraline Hogan

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	County	MARYLAND		
Died at	Baltimore	Months	Days	
Date of death	1900	Feb	8th	
Age	45	not known not known		
Sex	Female	Color or Race	White	
Occupation	Where Residing if not at place of death			
Religious -		Greensburg Pa		
Married, Single or Widowed	Single	Name of Wife or Husband		
Father's Name	not known			Father's Birthplace
Mother's Maiden Name	11	11	not known	
Name of person giving Information	Reeds at Hope Reigh			Mother's Birthplace

CAUSES OF DEATH

Primary Chronic Melancholia

Immediate Exhauastion-

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

Address

Frank J. Flanerry  
Frank J. Flanerry -  
Mt. Hope Reigh

Accident or Suicide

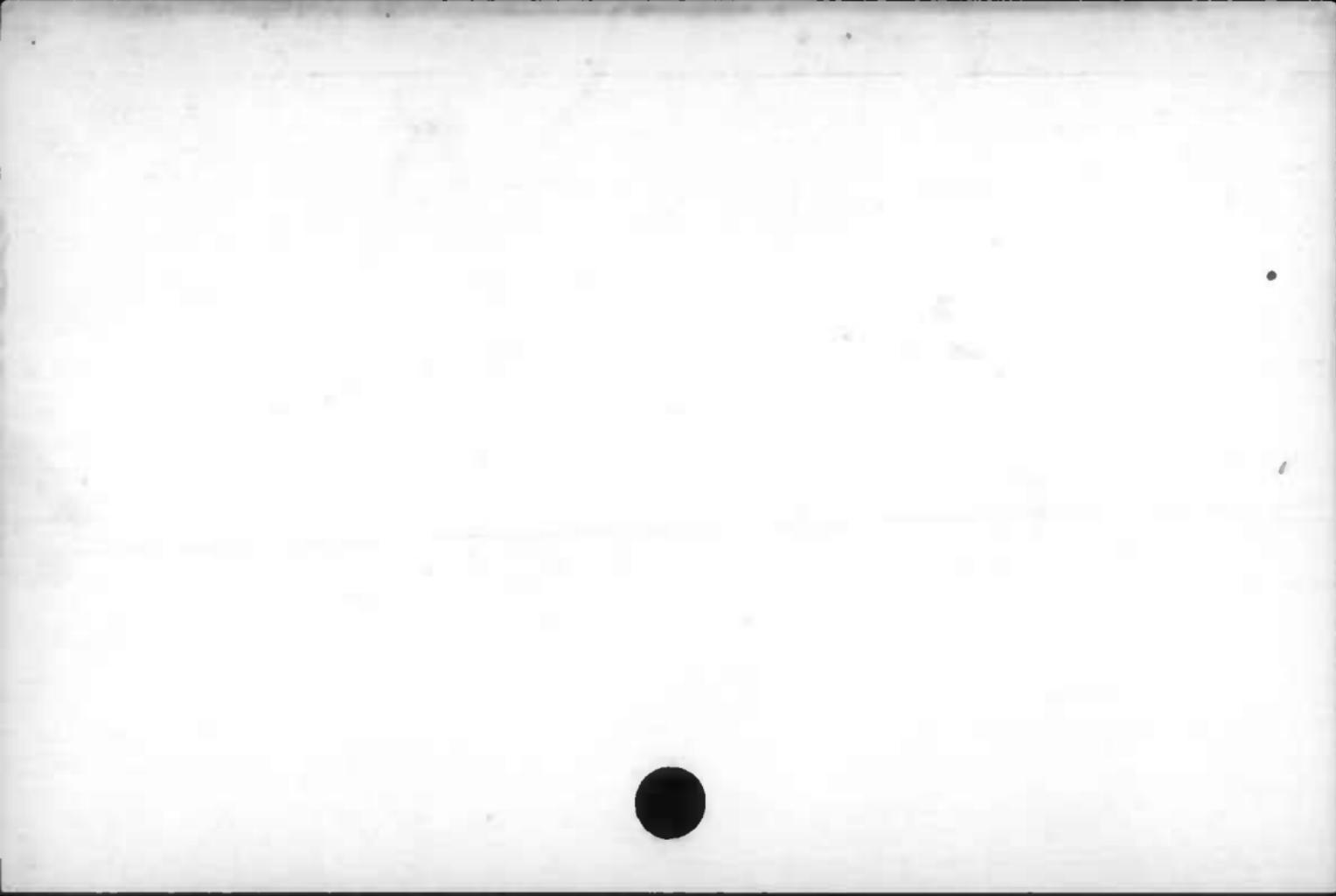
68

How long

over 2 yrs

How long

about 3 mons



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Mary Hook

Town

Wellesville

County

Baldo

CERTIFICATE OF DEATH

MARYLAND

Died at

Date  
of death

Month

Day

Years

Months

Days

1980 Feb 3

Age 77

Sex  
Occupation

Color or  
Race

white

Birth-  
place

Baldo co. Md

House wife

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

widow William a Hook

Father's  
Name

William Morgan

Father's  
Birthplace

Don't know

Mother's  
Maiden Name

Julia Brown

Mother's  
Birthplace

Penna

Name of person giving  
Information

Silvan Hook

How related  
to deceased

Granddaughter

CAUSES OF DEATH

Primary

Infirmities of Age

154

v

How long

About one  
year

How long

Suddenly

Immediate

Heart Failure

Are the name, age, sex, color, date  
and place correctly given above?

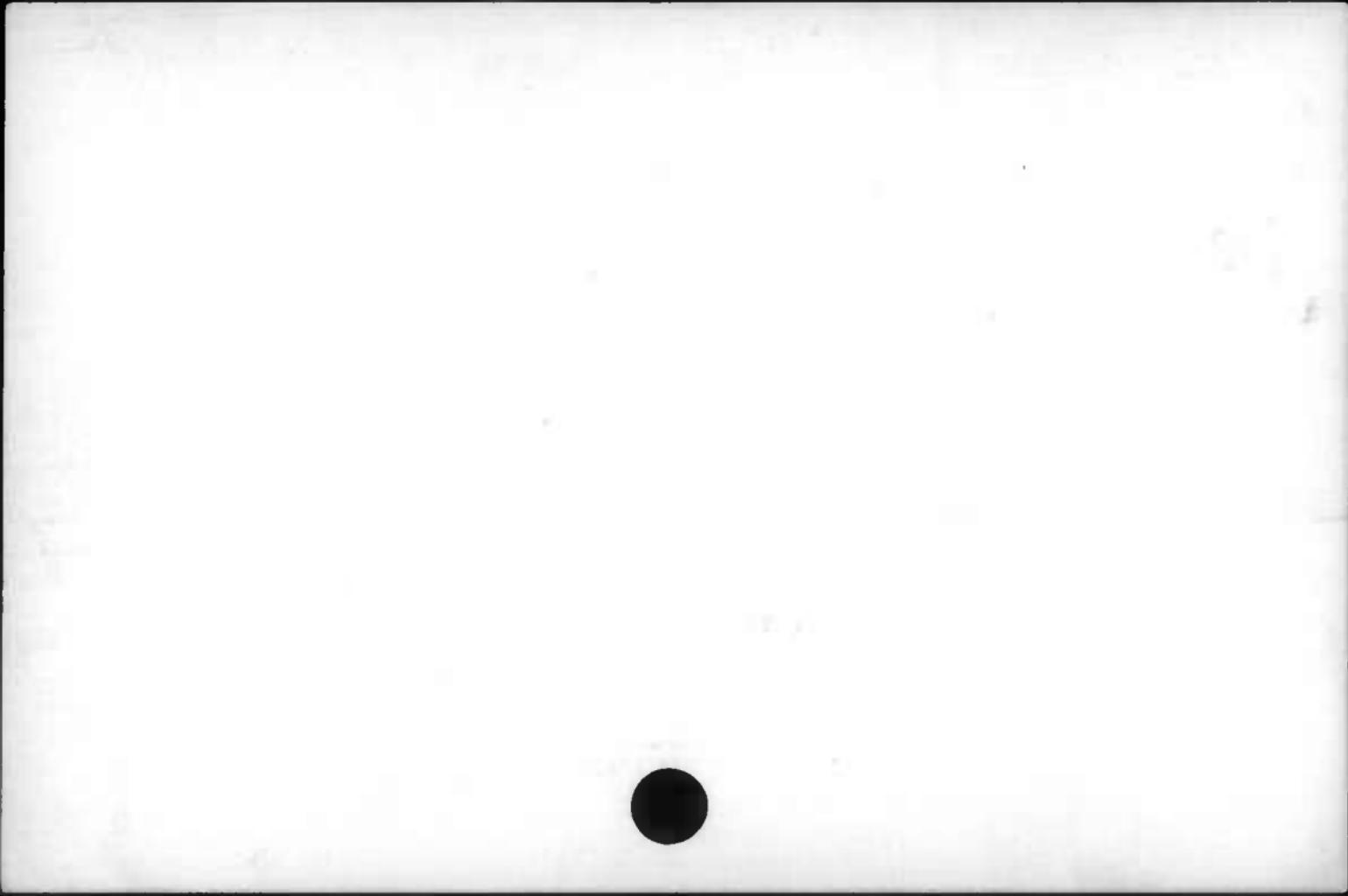
g,

Signature of  
Physician

Address

W.H. Campbell  
Owner of Bulls. Rd.

Accident or Suicide



Mary A. L. Hooper

## CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Gorhamtown		Baltimore					
Date of death	Month	Day	Years	Age	Months	Days	
1940	Feby	13	76	5		13	
Sex	Color or Race		white		Birth-place	Maryland	
Female					Gorhamtown		
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband		Augustus D. Hooper				
Father's Name	Sam. Patterson		Maryland				
Mother's Maiden Name	Ann Steiner		Maryland				
Name of person giving information	S. J. Hooper		How related to deceased				

## CAUSES OF DEATH

Primary

Cancer of Breast

How long

6 months

Immediate

Heart weakness

How long

2 hours

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Ell Duncan  
Gorhamtown Md

Accident or Suicide?

Chas. E. Franck  
Undertaker

Interment at Western Cemetery

Name  
in  
Full

Margaret A. Marshall

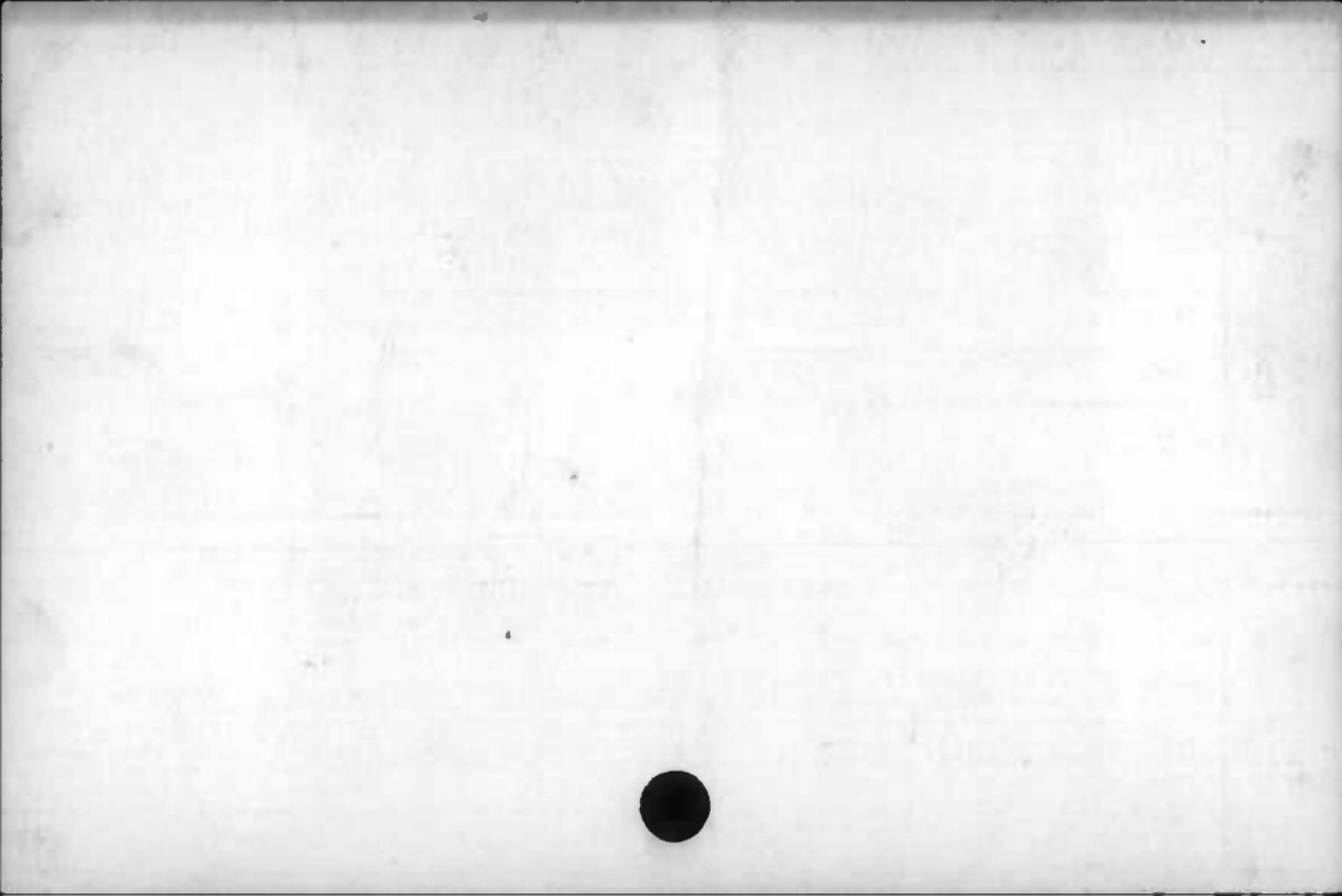
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Near Freeland</u>		County <u>Baltimore</u>		MARYLAND		
Date of death <u>1960</u>	Month <u>2</u>	Day <u>6</u>	Age <u>50</u>	Years	Months <u>3</u>	Days <u>18</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birthplace <u>115 Carmel Ind</u>				
Occupation <u>Housewife</u>	Where Residing if not at place of death					
Married, Single or Widowed <u>Married</u>	Name of <u>Wife or Husband</u> <u>George Marshall</u>					
Father's Name <u>Thomas Miller</u>	Father's Birthplace <u>115 Carmel Ind</u>					
Mother's Maiden Name <u>Margaret A. Benson</u>	Mother's Birthplace <u>Black Rock Ind</u>					
Name of person giving information <u>George Marshall</u>	How related to deceased <u>Husband</u>					

CAUSES OF DEATH

Primary	<u>Pneumonia</u>		How long <u>8 days</u>
Immediate	<u>Heart Failure</u>		
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician <u>Dr. D. W. Reck</u>	
		Address <u>Hampstead. Md</u>	
Accident or Suicide?			



Name  
in  
Full

James Leray Howard

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1910	Month Feb.	Day 7	Years 1	Months 10	Days —	
Sex	Male	Color or Race	white		Birthplace	W.M.D.	
Occupation	None	Where Residing if not et place of death		Gowontown			
Married, Single or Widowed	Single	Name of Wife or Husband	None		Father's Birthplace	W.M.D.	
Father's Name	James E. Howard	Mother's Birthplace		W.M.D.			
Mother's Maiden Name	Annie R. Gibson	How related to deceased		Father			
Name of person giving Information	James E. Howard	93		7 days			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Double Pneumonia

How long

12 hours

Immediate

Cardiac Asthma

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

J. Goyzlon Green M.D.  
Gowontown Md.

Accident or Suicide

9

John Burns sons  
Towson

Interment in  
Prospect Hill  
Cemetery  
Towson

Frances Imhoff

Town

Died at Highlandtown

County

Baltimore

MARYLAND

Died at

Month

Day

Date of death 1908 February 28

Years

Age 86

Months

11

Days

19

Died at

Month

Day

Date of death 1908 February 28

Years

Age 86

Months

11

Days

19

Sex Female

Color or Race

white

Birth-place

Germany

Occupation

Where Residing if not  
at place of death3604 E. Pratt St  
HighlandtownMarried, Single  
or WidowedName of Wife or  
Husband

Frederick Imhoff

Father's  
Name

Joseph Zink

Father's  
Birthplace

Germany

Mother's  
Maiden Name

not known

Mother's  
Birthplace

not known

Name of person giving  
Information

Frances Button

How related  
to deceased

Daughter

## CAUSES OF DEATH

154

How long

7 days

How long

Primary

Exhaustion

Immediate

Senile Debility

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

Jacob L. Denner  
30 S. Broadway

Accident or Suicide?

Neither

Dr. Wimmer  
Broadway near Lombard st

Edward Mowen Co  
Funeral Director  
215 Park Cr.

for interment in  
Sweet Home Cemetery  
March 2<sup>nd</sup> /10.

Name  
in  
Full

Mary Elizabeth Isernnoch

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Jacksonville	Baltimore		5	23	Days
Date of death 1900	Month 2	Day 18	Years 18	Months	Days
Sex Female	Color or Race White	Birth-place Jacksonville			
Occupation None	Where Residing if not at place of death "				
Married, Single or Widowed Single	Name of Wife or Husband None				
Father's Name Charles H. Isernnoch	Father's Birthplace Baltimore Co				
Mother's Maiden Name Magdaline Kieles	Mother's Birthplace "				
Name of person giving information Charles H. Isernnoch	How related to deceased				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Typhoid Fever

1

✓

Immediate

Spinal Meningitis

2 weeks

1

"

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

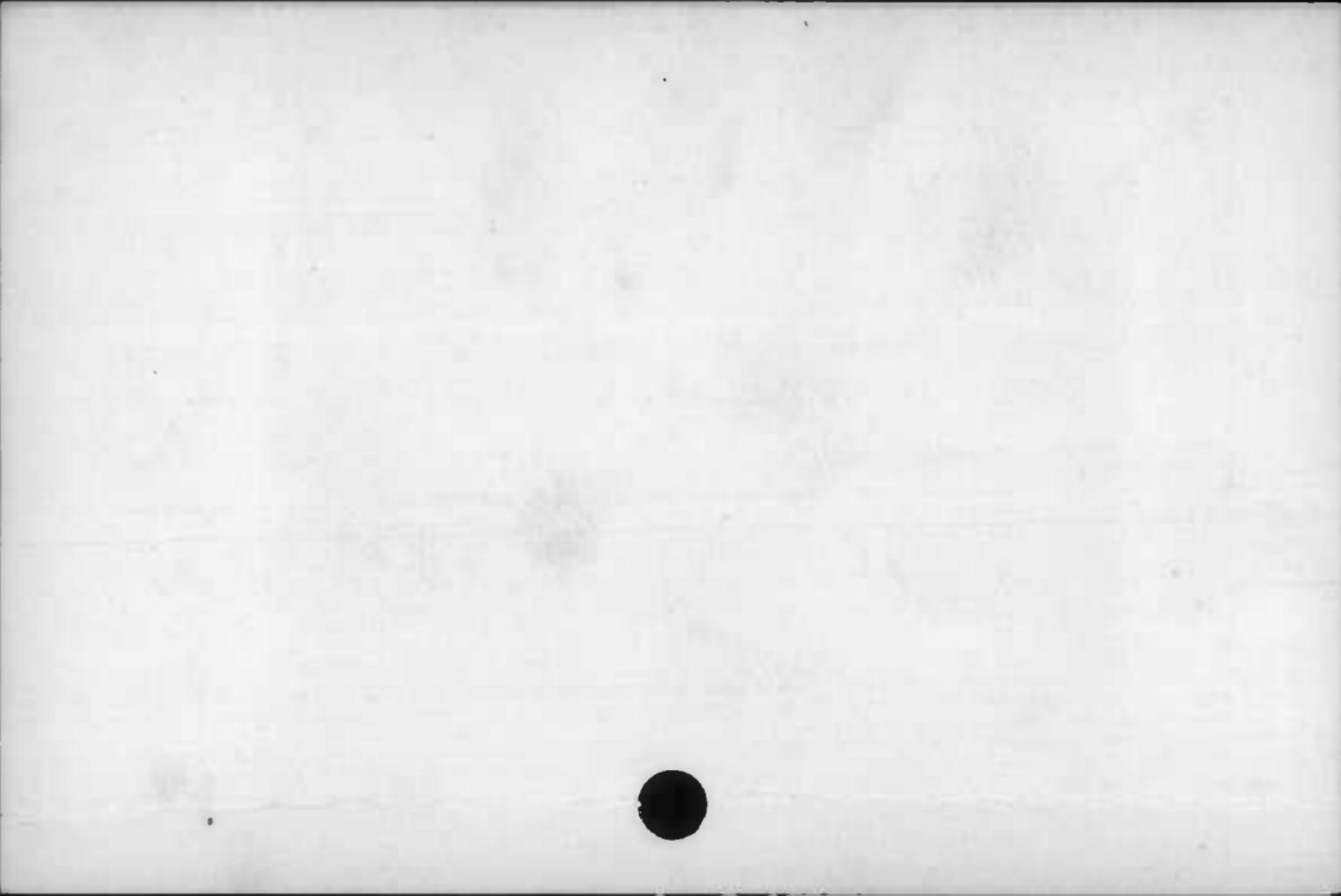
Yes

J. T. Payne

Phoenix Md

Accident or Suicide?

10



Name  
in  
Full

Robert Jackson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Calaisville

County Baltimore

MARYLAND

Date of death 1910 Month July Day 10 Age 22 Months — Days —  
Sex Male Color or Race Colored Birth-place Hanover Co.

Occupation Labors

Where Residing if not  
at place of death

Married, Single or Widowed Married Name of Wife or Husband Jessie Brooks -

Father's Name Unknown

Father's Birthplace Unknown

Mother's Maiden Name Unknown

Mother's Birthplace Unknown

Name of person giving Information Jessie Jackson

How related to deceased Wife

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis 3 1/2 years-

Immediate

Exhaustion

27

How long

How long

Are the name, age, sex, color, date and place correctly given above?

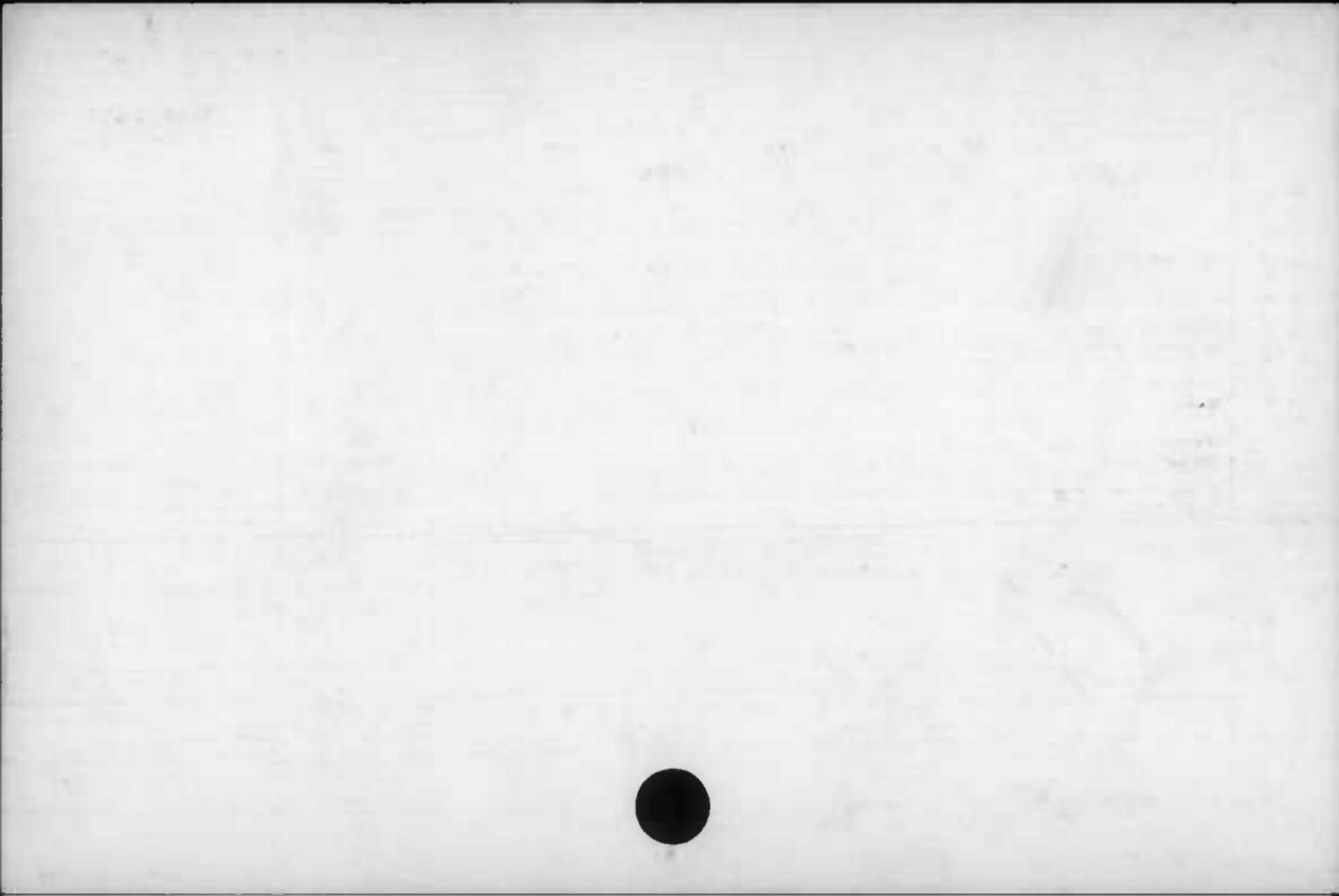
Yes -

Signature of  
Physician  
Address

Frederick L. Baker  
Coroner.

PHYSICIAN  
OR CORONER

Accident or Suicide



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Caroline Jansen  
Town Baltimore County Baltimore  
Died at Highlandtown

Date of death 1910 Month Feb Day 19 Age 80 Years

MARYLAND

Months 6 Days 9

Sex Female Color or Race white  
Occupation Housekeeper

Birth-place Germany  
" " Chesapeake & Baltimore

Married, Single  
Widowed

Name of Wife or Husband

Peter Jansen

Father's Name Henry Kordman

Father's Birthplace Germany

Mother's Maiden Name Louisa (unknown)

Mother's Birthplace Germany

Name of person giving Information Thomas Cardwell

How related to deceased Son in Law

10

How long La Grippe abt 1 month

How long 1/2 hrs.

CAUSES OF DEATH

Primary La Grippe, arterioclerosis  
+ Bronchial Cataract  
Hemorrhage from ruptured vessel in  
Immediate tracheal tubes

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

J. V. Armstrong  
Canton & O'Donnell Sts.

Filed 1910

Accident or Suicide

H. Sanders & Son. —

Trinity Cemetery,

Feb. 22-1910. —

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



CERTIFICATE OF DEATH

MARYLAND

Town  
Die at Upper Marlboro, Twp.

County  
Balto.

Month  
Feb.

Year  
73

Day  
16

Age  
73

Montha  
—

Deys  
—

Sex  
Male

Color or  
Race  
White

Birth-  
place  
Germany

Occupation  
Cigar mfr. (retired)

Where Residing if not  
at place of death  
208 Old York Road

Married, Single  
or Widowed  
Married

Name of Wife or  
Husband  
Mary Meyers

(Waverly?)

Father's  
Name  
August Goestling

Father's  
Birthplace  
Germany

Mother's  
Maiden Name  
Caroline Pabli

Mother's  
Birthplace  
France

Name of person giving  
Information  
August Goestling

How related  
to deceased  
Brother

CAUSES OF DEATH

Primary  
Senile Dementia

154

How long

6 mos.

Immediata  
Acute Collapse

How long

2 days.

Are the name, age, sex, color, date  
and place correctly given above ?

Yes

Signature of  
Physician

Address

Dr. J. G. Conner  
Towson, Md.

Accident or Suicide

W J. Fichtner and Sons  
Loudon Park

Name  
in  
Full

Gustav J. Karow

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at		Town	County	MARYLAND		
Date of death	1910	Month Feb.	Day 28	Age 29	Years	Months 3
Sex	Male	Color or Race	white	Birthplace Baltimore		
Occupation	Milliner	Where Residing if not at place of death 3212 E. Balt. St.				
Married, Single or Widowed	Married	Name of Wife or Husband	Florence C. Karow			
Father's Name	Albert Karow		Father's Birthplace			Balt.
Mother's Maiden Name	Mary J. Brien		Mother's Birthplace			Delaware
Name of person giving Information	Albert Karow		How related to deceased			Father

CAUSES OF DEATH

120

How long

How long

Primary Bright's disease of kidney Several months

Immediate Dropsey (general) about 4 weeks

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

R. T. Hardy

1902 Bank St

Accident or Suicide?

1<sup>st</sup> Evangelical Cemetery  
March 3<sup>rd</sup> 1910 A.

H. Spindler & Sons

Name  
in  
Full

Minna C. Kendall

## CERTIFICATE OF DEATH

TO BE ANSWERED BY

4 NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at <u>Tufts Park</u> <u>712 Linwood Ave</u> , <u>Baltimore</u>		County		MARYLAND	
Date of death <u>1910</u>	Month <u>February</u>	Day <u>13</u>	Years <u>25</u>	Months <u>4</u>	Days <u>28</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Baltimore City</u>			
Occupation <u>House work</u>	Where Residing if not at place of death <u>712 Linwood Ave Tufts Park</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Joseph F. Kendall (husband)</u>	Father's Birthplace <u>Germany</u>			
Father's Name <u>George Kutsch</u>	Mother's Birthplace <u>Germany</u>				
Mother's Maiden Name <u>Annie C. Schubert</u>	How related to deceased <u>Husband</u>				
Name of person giving information <u>Joseph F. Kendall</u>					

## CAUSES OF DEATH

Primary

Laryngeal & pulmonary tubercular

Immediate

"

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Sylvia Rosenheim1710 Linden AveBaltimore

Accident or Suicide?

27

How long

3 year 7 mo.

How long

"

9

Drawn by Son H.A. Maylon  
Pittserville 38 West

Druid Ridge Cemetery  
Plot 15-19<sup>0</sup>  
Christian Miller  
2334 Jefferson St

Name  
in  
Full

Ellen Kryss

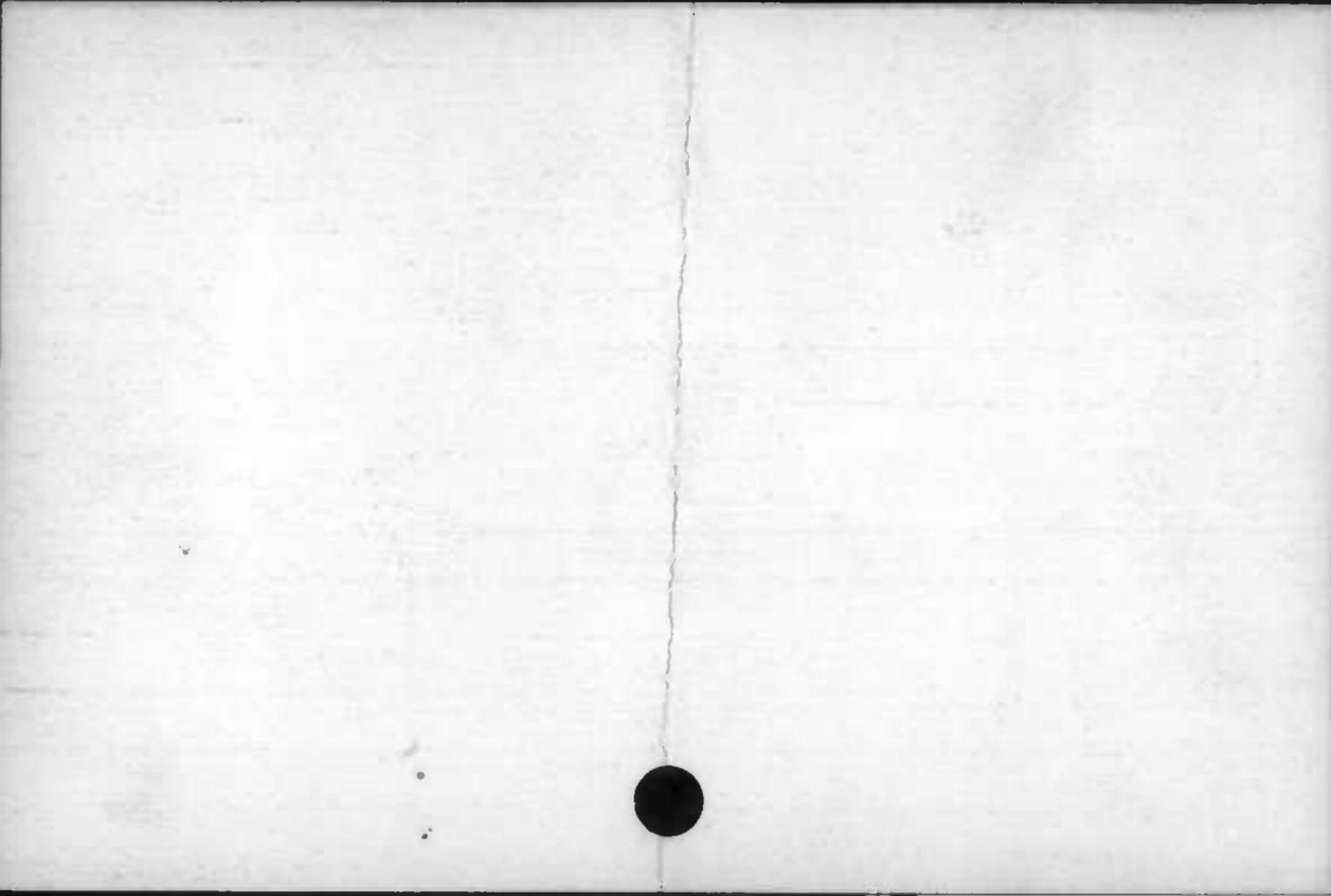
CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Freeland			Baltimore			
Date of death	Month	Day	Years	Months	Days	
1910	2	1	82	2	27	
Sex	female	Color or Race	white	Birth-place	Maryland	
Occupation	Housekeeper			Where Residing if not at place of death		
Married, Single or Widowed	Name of Husband		Alexander Kryss			
Father's Name	John Palmer		Father's Birthplace	Maryland		
Mother's Maiden Name	Alice Eaton		Mother's Birthplace	Maryland		
Name of person giving information	Samuel Harmon		How related to deceased	None		
CAUSES OF DEATH				154		
Primary	Senile Decay		How long	3 years		
Immediate	Exhaustion		How long	3 weeks		

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	Daniel V Moyer
yes	Address	Maryland State Md
Accident or Suicide?		



Name  
in  
Full

John D. Rockefeller Kroedell

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County	
Cedar Heights		St. Louis	Baltimore	
Date of death	1960	Month 2	Day 25	Years —
Sex	Male	Color or Race	White	
Occupation	None	Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband		
Father's Name	Harry H. Kroedell			Father's Birthplace
Mother's Maiden Name	Beatrice Finnessey			Mother's Birthplace
Name of person giving information	Harry H. Kroedell			How related to deceased

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary  
convulsions

71

How long

4 hours

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

26 Hall

Int. Wm. W.

Accident or Suicide?

James Hignan & son  
Western Cemetery

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Died at cedar height st denis baltimore

Town Month Day Years Month Days  
Date of death 1900 2 27 Age 22

Sex Male Color or Race white Birth-place st denis  
Occupation Wom Where Residing if not at place of death

Married, Single  
or Widowed

Name of Wife or Husband

Father's Name

Harry H Kroedell

Father's Birthplace

Baltimore

Mother's Maiden Name

Beatrice Timmery

Mother's Birthplace

Baltimore

Name of person giving Information

Beatrice Kroedell

How related to deceased

Mother

CAUSES OF DEATH

Primary

nephritis dropsy

#2

20 days

Immediate

convulsions

How long

3 hours

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

783 Hall  
Mt Vernon

Accident or Suicide

170

James Hignan  
Western Cemetery

Name  
in  
Full

Mrs. H. Lapp Kivedell

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Cedar Heights St Denis Balti

Town	Month	Day	Year	Months	Days
of death 1900	2	28	Age		23
Sex	male	Color or Race	white	Birth- place	St Denis
Occupation	house	Where Residing if not at place of death			

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Harry H Kivedell

Father's  
Birthplace

Balti

Mother's  
Maiden Name

Beatrice Timmey

Mother's  
Birthplace

Balti

Name of person giving  
Information

Beatrice Kivedell

How related  
to deceased

mother

CAUSES OF DEATH

71  
Homicide

Primary

Immediate

convulsions

How long  
4 hours

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

26 Hall  
Intoxication

Accident or Suicide

PHYSICIAN  
OR CORONER

James Hignan  
Western Cemetery

Name  
in  
Full

Annie G. Kutz

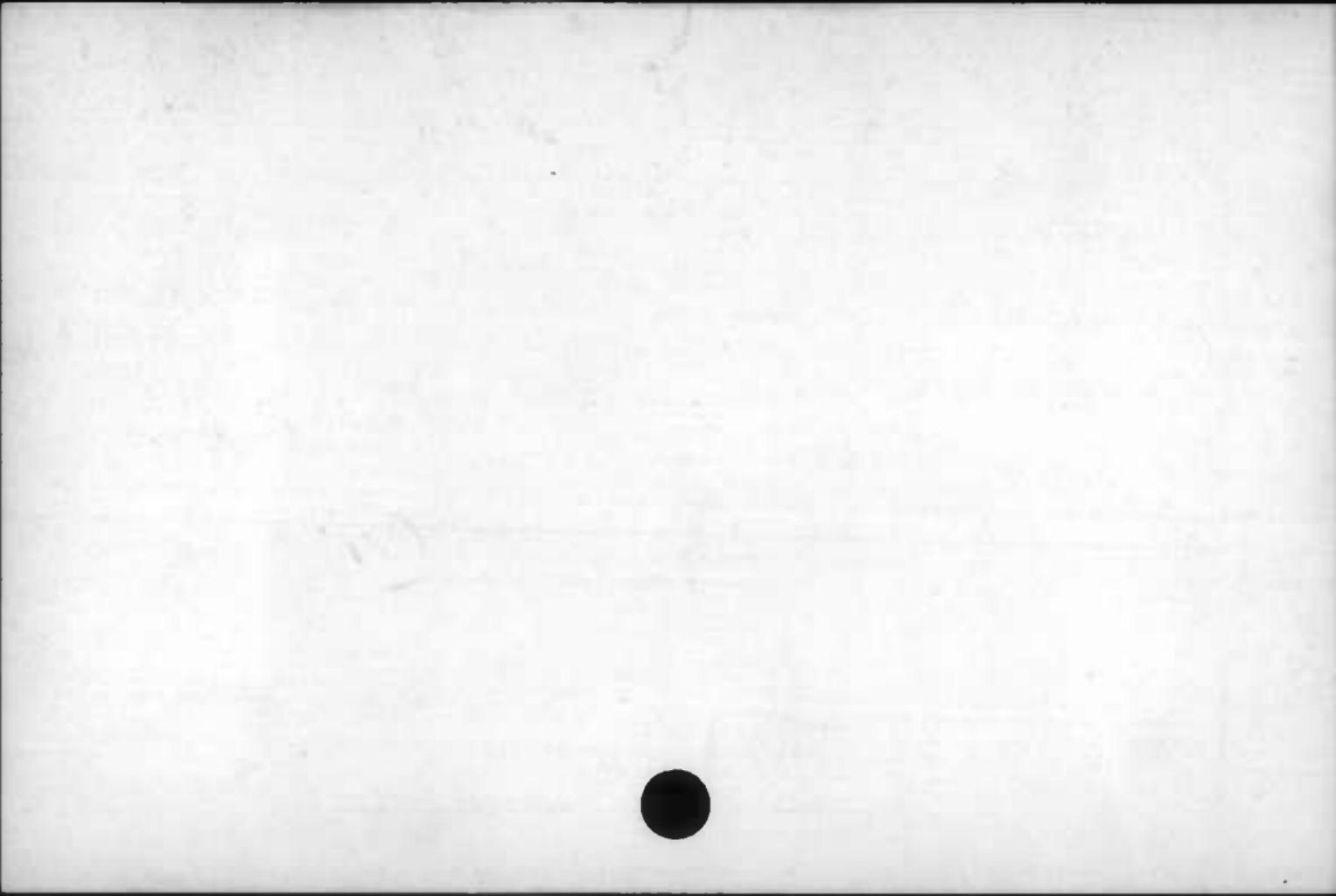
## CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at Violetaire		Town Belle. Co		County		MARYLAND	
Date - of death 1910	Month Feb.	Day 19	Age 63	Years 63	Months -	Days 17	
Sex Female	Color or Race White	Occupation Housewife		Birth- place Va.			
Married, Single or Widowed Married	Name of wife or Husband Rev Alfred P Kutz		Father's Name James A. Kutz		Father's Birthplace Va.		
Father's Name James A. Kutz	Mother's Maiden Name Marion F. Grimes		Mother's Birthplace Va.		How related to deceased Husband		
Name of person giving Information Rev Alfred P Kutz		CAUSES OF DEATH 79		How long 7 Months			
Primary Myocarditis		How long 3 weeks					
Immediate Heart Disease		Signature of Physician Howard, 20 June 1910					
Are the name, age, sex, color, date and place correctly given above? Yes		Address 1 Irvington					
Accident or Suicide? No							

PHYSICIAN  
OR CORONER



Name  
in  
Full

Wm. H. Deerves

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>W Roland Park</u>		Town <u>Baltimore</u> County <u>Maryland</u>	MARYLAND		
Date of death <u>1901/02</u>	Month <u>Feb.</u>	Day <u>31</u>	Age <u>59</u> Years	Months <u>10</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>Brown Hair</u>	Birth-place <u>Baltimore Md</u>			
Occupation <u>Haberman</u>	Where Residing if not at place of death <u>227 W. Roland Park</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Hannah E. Deerves</u>				
Father's Name <u>Safyce Deerves</u>	Father's Birthplace <u>Baltimore Md</u>				
Mother's Maiden Name <u>Not Known</u>	Mother's Birthplace <u>—</u>				
Name of person giving information <u>John Deerves</u>	How related to deceased <u>Son</u>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Pulmonary Tuberculosis</u>	27 ✓
Immediate <u>Aspernias</u>	How long <u>See next line</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	How long <u>Two weeks</u>
Signature of Physician <u>W. Winsor M.D.</u>	Address <u>1220 2. Toy St. Baltimore</u>
Accident or Suicide? <u>—</u>	9

Laurel Cemetery  
Feb. 6 - 1918

A. J. Marshall  
3539 Fall Road

Dr. Massenburg

(227 Fall Road  
Near Cedar Spy  
Game)

Name  
in  
Full

William Henry Lovr

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Male	Color or Race	White	Birth-place	Ireland	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Widow	Name of Wife or Husband	Mary A. Lovr			
Father's Name	William Ball Lovr			Father's Birthplace	England	
Mother's Maiden Name	Alice Fisher			Mother's Birthplace	England	
Name of person giving information	Elizabeth Slader			How related to deceased	Daughter	

CAUSES OF DEATH

64

✓

PHYSICIAN  
OR CORONER

Primary

Arterio-Sclerosis

How long

Three Four yrs

Immediate

Asphyx

How long

sudden

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

H. M. Slader

Address

Reisterstown Md.

Accident or Suicide?



Name  
in  
Full

Rebecca A Lovelace

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Boston Mass			
Father's Name	Jenias Lovelace.			Father's Birthplace	unknown
Mother's Maiden Name	Ells	Iowa			Birthplace
Name of person giving information	Mattice M. Lovelace			How related to deceased	daughter in law.
CAUSES OF DEATH					
Primary	Enteritis			How long	105 ✓
Immediate	Emphysema			How long	2 months.
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	A. L. Wilkinson	
			Address	Raspbury, Md.	

PHYSICIAN  
OR CORONER

Accident or Suicide?

neither

Place of burial Boston Mass

Henry W. Jenkins & Sons Co

Orchard & McCulloch 85

Name  
in  
Full

Mary E. McNew

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	1910	Month Feb.	Day 19	Years 35	Months	Days
Sex	Female	Color or Race	white	Birth-place	Md.	
Occupation	Housewife		Where Residing if not at place of death	3305 E. Balt. St.		
Married, Single or Widowed	Married	Name of Wife or Husband	George A. McNew.			
Father's Name	Edward E. Burton		Father's Birthplace	Md.		
Mother's Maiden Name			Mother's Birthplace	Md.		
Name of person giving information	George A. McNew		How related to deceased	Husband.		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Cardiac Syncope

158

24 hrs

Immediate

Pulmonary Embolism

How long

6 hrs

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

D. A. Sudh. M.D.  
3305 E. Balt. St.

Accident or Suicide?

Mr. Gardner Foster,  
Int. Counsel Amherst,  
Mass.

Mr. Gardner Foster,  
Int. Counsel Amherst,  
Mass. 22-1910

Name  
in  
Full

Child of Albert Mackenzie

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town		County	MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race		Age	Birth-place	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband		Father's Name	Mother's Birthplace	
Mother's Maiden Name	Albert Mackenzie		Albert Mackenzie	Albert Mackenzie	
Name of person giving Information	Father				

CAUSES OF DEATH

151

Primary Premature birth

How long 24 hours

Immediate Inanition

How long 24 hours

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

B. J. Byrne  
Elliott City

Accident or Suicide



Name  
in  
Full

Milford MacKenzie  
Kellycoteley Balto

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

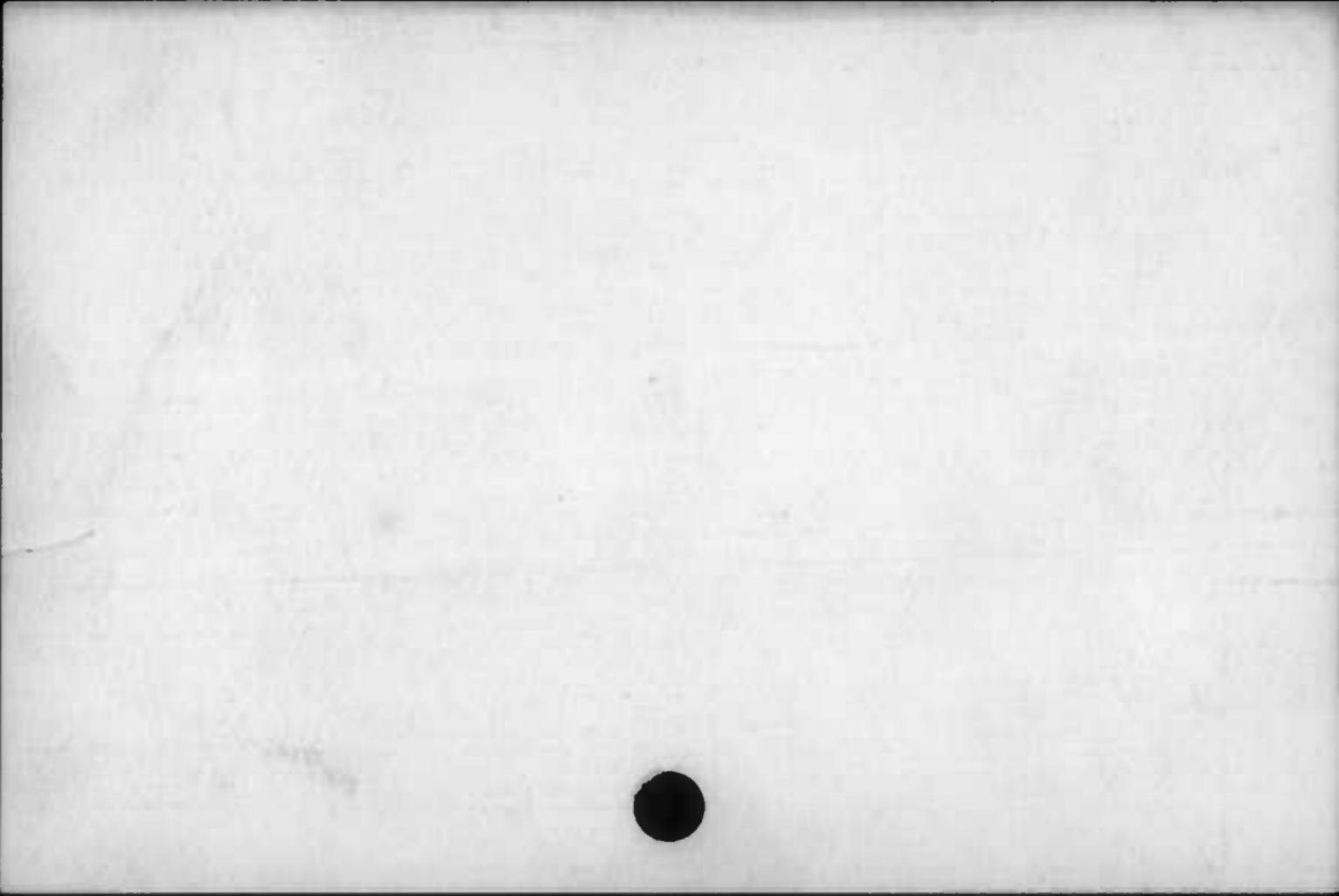
Died at	Town	County		
Date of death	Month	Day	Years	Months Days
1940	Feb.	3	70	no no
Sex	Color or Race	Birth-place		
Male	White	92d		
Occupation	Where Residing if not at place of death			
Stone	Westchester Ave.			
Married, Single or Widowed	Name of Wife or Husband			
Single	Stone			
Father's Name	Albert L. MacKenzie			
Mother's Maiden Name	Bettie M. Egley			
Name of person giving information	Albert L. MacKenzie			

CAUSES OF DEATH

151

Primary	Premature birth	
Immediate	Inanition	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician
		Address
Accident or Suicide?	B. J. Byrne Kellycoteley	

PHYSICIAN  
OR CORONER



Name  
in  
Full

Helen Madden

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town		County	MARYLAND		
Philopolis			Balts.			
Date of death	Month	Day	Years	Months	Days	
1900	2	28	Age	—	—	
Sex	Color or Race		Birth-place			
Female	Black		Philopolis			
Occupation	Where Residing if not at place of death					

Married, Single or Widowed — Name of Wife or Husband —

Father's Name John Madden

Father's Birthplace Balts Co

Mother's Maiden Name Francis Isle

Mother's Birthplace Balts Co

Name of person giving information John Madden

How related to deceased Father

CAUSES OF DEATH

8

Primary Still Born

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

yes

Address

B.M. Blumhardt  
Glenview Ind.

PHYSICIAN  
OR CORONER

Accident or Suicide?

Slivenson chsp.

Feb 29

Name  
in  
Full

Jehovah Magness.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1910	Month Feb.	Day 21. <del>at</del>	Age 68	Years 5	Months 5 Days 5
Sex Female	Color or Race White	Occupation House Wifies	Birth-place Baltimore Co.		
Married, Single or Widowed Married					
Name of Wife or Husband Stephen P. Magness				Father's Birthplace	Baltimore Co.
Father's Name John Gorden				Mother's Birthplace	Baltimore Co.
Mother's Maiden Name Martha Gorden				How related to deceased Daughter.	
Name of person giving information Annie L. Magness.				How long	1 yr

CAUSES OF DEATH

79

How long

Primary

Organic Heart

1 yr

Immediate

Organic Heart

1 yr

Are the name, age, sex, color, date and place correctly given above?

Yes -

Signature of Physician

Address

George A. Long, M.D.

PHYSICIAN  
OR CORONER

Accident or Suicide?

no

Enterments Hisi Cemetery  
Hartford Road

G.W. Grammar  
Undertaker

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Frank Marscheck

CERTIFICATE OF DEATH

MARYLAND

Died at	Town			County		
MT Hope	Baltimore					
Date of death 190	Month	Day	Year		Month	Days
10	Feb	25	Age 42			
Sex	Male	Color or Race	White	Birth-place	Baltimore Md.	
Occupation	Sailor			Where Residing if not at place of death	Baltimore	
Married, Single or Widowed				Name of Wife or Husband	Father's Birthplace	Germany
Father's Name	John Marscheck				Mother's Birthplace	Germany
Mother's Maiden Name	Ammie			How related to deceased	Brother	
Name of person giving Information	Hal Marscheck			How long	157	v

CAUSES OF DEATH

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

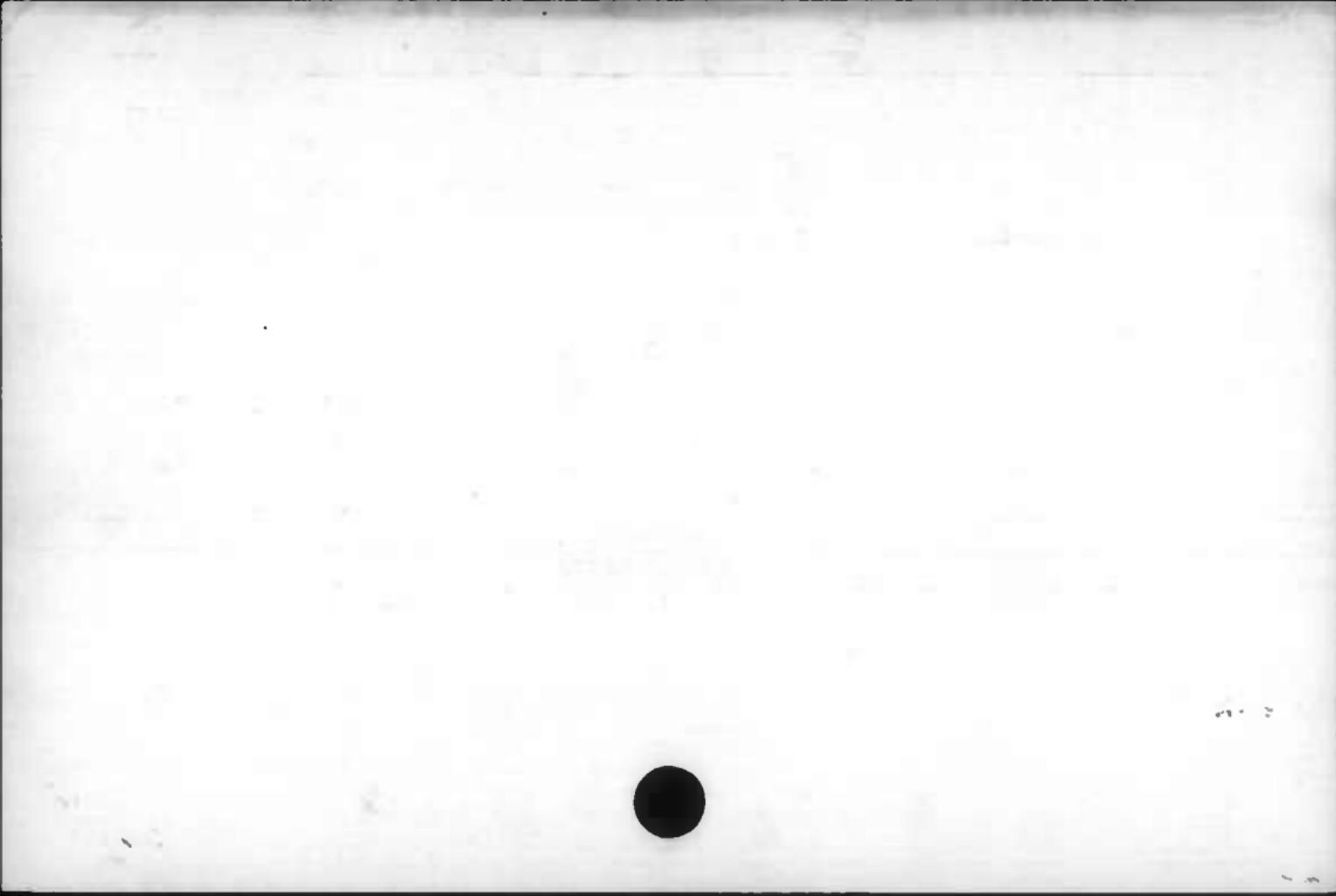
Signature of Physician

Address

Accident Suicide

Hanging

Richard A. Brown, Jr.  
Acting Coroner  
Arlington, Va.



Name  
in  
Full

Grace Carter Mason

CERTIFICATE OF DEATH

Died at <u>Rolando Park, 423 Hawthorn Rd</u>				County <u>Baltimore</u>	MARYLAND	
Date of death <u>1980</u>	Month <u>2</u>	Day <u>27</u>	Years <u>36</u>	Age <u>36</u>	Months	Days
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>USA</u>				
Occupation <u>Wife</u>	Where Residing if not at place of death <u>423 Hawthorn</u>					
Married, Single or Widowed	Name of Wife or Husband <u>Walter A. Mason</u>	Father's Birthplace <u>Ohio</u>				
Father's Name <u>Conrad D. Carter</u>	Mother's Birthplace <u>Ill.</u>					
Mother's Maiden Name <u>Clara L. Norton</u>	How related to deceased <u>Husband</u>					
Name of person giving information <u>Walter A. Mason</u>						

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

Primary Altered States

64

How long

3 years

Immediate Chopsey & Cane

How long

5 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Henry J. Credy  
Rolando Park

Accident or Suicide?

Kirby send Dr. Kirby  
some scott blocks?

26 Aug

Oakland Coles Co. Ill  
March 2, 10

K. C. Windfeld  
914 Greenmount Ave

Name  
in  
Full

Dora Anna Matthews

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at		Town	County		MARYLAND		
Date of death	190	Month Feb.	Day 9	Years 27	Months 6	Days 25	
Sex	Female	Color or Race	White		Birth-place	Parkton	
Occupation	Housewife		Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband	Clarence Matthews				
Father's Name	Eli J. Bull		Father's Birthplace	Parkton			
Mother's Maiden Name	Magdalena Bush		Mother's Birthplace	Germany			
Name of person giving Information	Clarence Matthews		How related to deceased	Husband			

CAUSES OF DEATH

27 ✓

Now live

Primary

Pulmonary Tuberculosis

Immediate

Heart Failure

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

R. R. Morris

+

Address

Parkton

MD

Accident or Suicide?

X



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

John B. Matthews

Town				County		CERTIFICATE OF DEATH	
Died at	Woodstock College	Baldo	MARYLAND				
Date of death	1980	Month 3rd	Day 25	Years 74	Months 3	Days 9	
Sex	male	Color or Race	white	Birth- place	Md		
Occupation	Brother in S.F.			Where Residing if not at place of death	Sandy		
Married, Single or Widowed	Single	Name of Wife or Husband					
Father's Name	Don't Know			Father's Birthplace	Don't Know		
Mother's Maidan Name	Don't Know			Mother's Birthplace	Don't Know		
Name of person giving In formation	Patrick Hagedorn			How related to deceased	more		

CAUSES OF DEATH

Primary

Pneumonia

How long

3 days

Immediate

Cardiac Arrest

How long

few hours

Are the name, age, sex, color, date  
and place correctly given above?

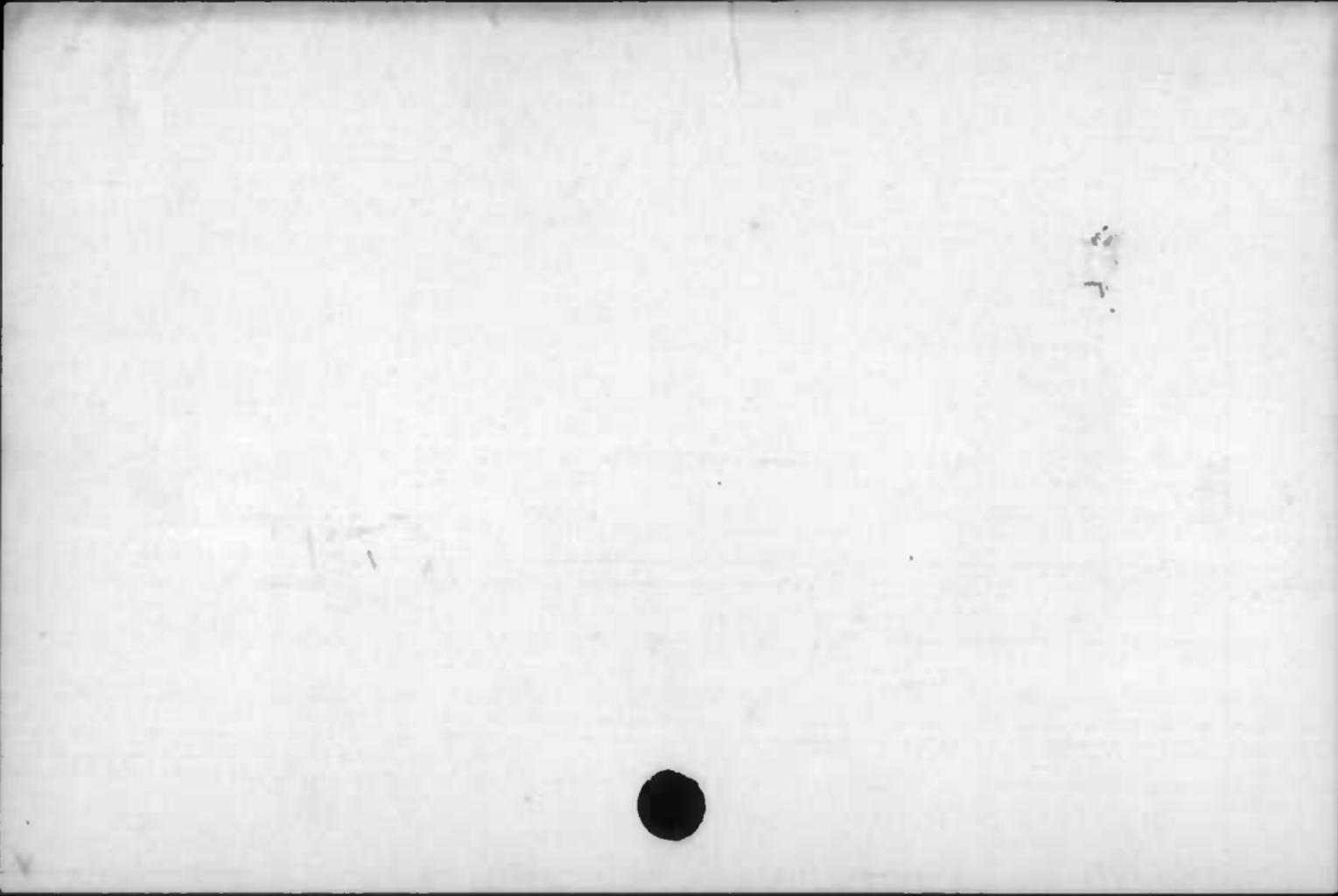
yes

Signature of  
Physician

Address

St. Christopher's Hospital  
Grants of Maryland

Accident or Suicide?



Julia Ann Mayse						CERTIFICATE OF DEATH	
Died at Near Belvoir			County Balto			MARYLAND	
Date of death 190	Month 2nd	Day 17th	Age 84	Years 11	Months 11	Days 22	
Sex Female	Color or Race White		Birth- place Black Rock, Md				
Occupation House-w	Where Residing if not at place of death						
Married, Single or Widowed Married	Name of Wife or Husband Thomas Mayse						
Father's Name Abraham Wener			Father's Birthplace Black Rock, Md				
Mother's Maiden Name Susana Price			Mother's Birthplace Black Rock, Md				
Name of person giving Information Elizabeth J. Bawley			How related to deceased Sister				

## CAUSES OF DEATH

10

Primary

a Grippe &amp; Influenza

1 week

How long

Immediate

Heart Failure

Instantaneous

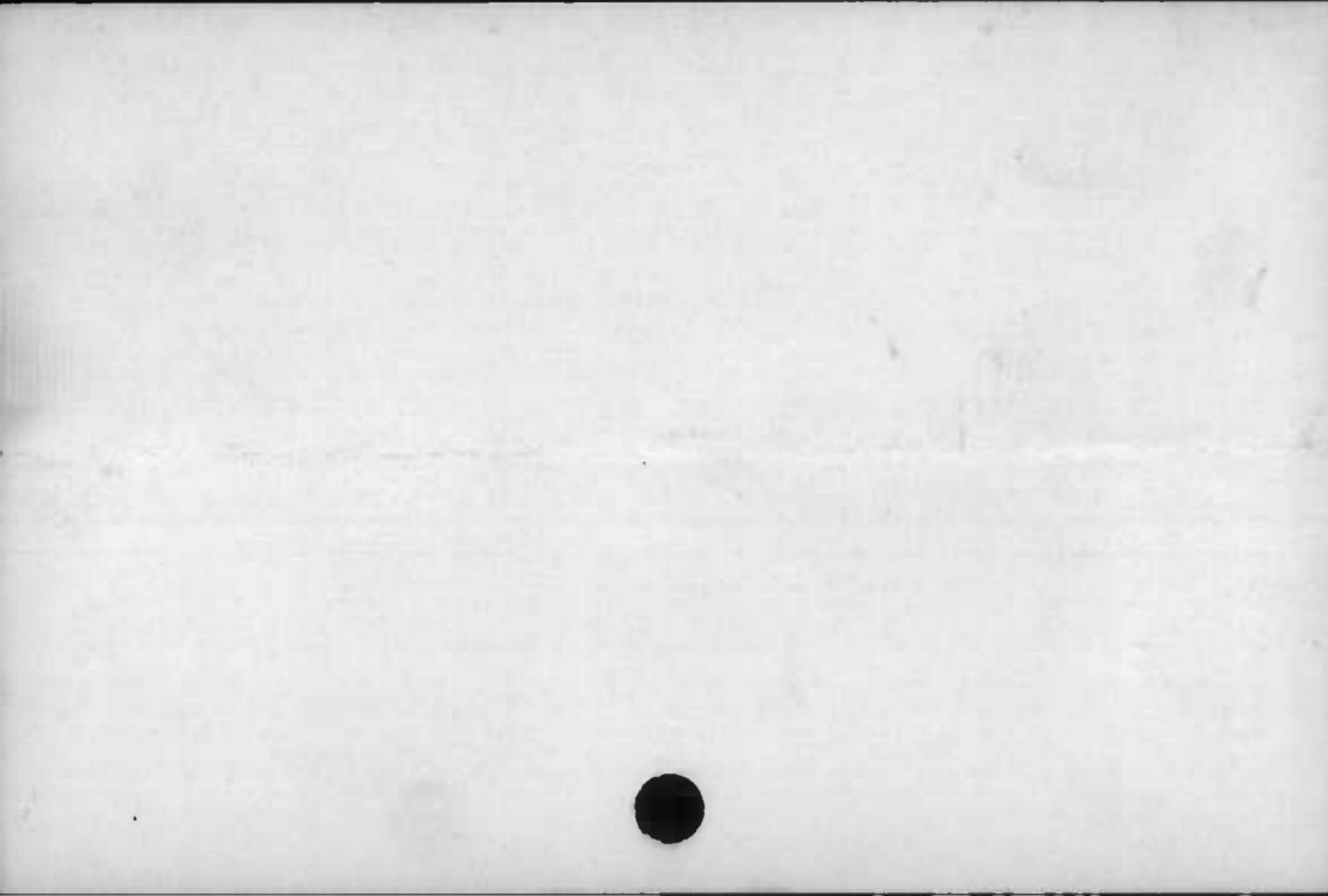
How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician  
J. B. Morris, M.D.Address  
Freeland

Accident or Suicide?



Name  
in  
Full

Bengeman Clyde Melvin

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Woodlawn		County Balto		MARYLAND		
Date of death 1900	Month Feb	Day 15 <sup>th</sup>	Years 1	Months 10	Days 22	
Sex male	Color or Race	white	Birth- place Woodlawn			
Occupation _____	Where Residing if not at place of death _____					
Married, Single or Widowed single	Name of Wife or Husband _____					
Father's Name Bengeman Melvin	Father's Birthplace Md					
Mother's Maiden Name Agnes Glick	Mother's Birthplace Md					
Name of person giving Information Bengen Melvin	How related to deceased Brother					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Tonsilitis - Influenza

10

How long

v

1 week

Immediate

Spinal meningitis

How long

8 days

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

A. C. Dunn

West Street Park

Accident or Suicide  
\_\_\_\_\_



Name  
in  
Full

Adolph Menuzzo

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at		Town	County		MARYLAND	
Highlandtown		Baltimore.				
Date of death	Month	Day	Years	Month	Days	
1900	2	12	-	3	1	
Sax	M.	Color or Race	W.	Birth-place	Baltimore Co.	
Occupation	Where Residing if not at place of death					124 S. 8th st.
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Daniel Menuzzo					Father's Birthplace Italy
Mother's Maiden Name	Catherine Ranollo					Mother's Birthplace "
Name of person giving Information	Daniel Menuzzo					How related to deceased Father

CAUSES OF DEATH

Primary

Capillary Bronchitis

Immediate

Asthma

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Anthony L. Pezzalato

827 Aspinwall St

Accident or Suicide

Wm. W. Kudell & Son  
330 S. Bond st.

---

St. Vincent - Cen.

Feb. 13" / 10

---

Name  
in  
Full

Barbara Wilhelmina Meyer

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Town

County

Died at Sparrows Point

Baltimore

Date of death 1960

Month

Day

Years

Months

Days

Feb. 27<sup>th</sup>

Age 9

11

Sex

Female

Color or  
Race

white

Birth-  
place

Sparrows Point

Occupation

School girl

Where Residing if not  
at place of death

Sparrows Point

Married, Single  
or Widowed

single

Name of Wife or  
Husband

home

Father's  
Name

August Meyer (deceased)

Father's  
Birthplace

Germany

Mother's  
Maiden Name

Kunigunda Wiesand (deceased)

Mother's  
Birthplace

Germany

Name of person giving  
Information

Hans Leitrich

How related  
to deceased

uncle

CAUSES OF DEATH

Primary

Tuberculosis of spine

How long

8 years

Immediate

exhaustion & vital insufficiency

How long

1 week

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

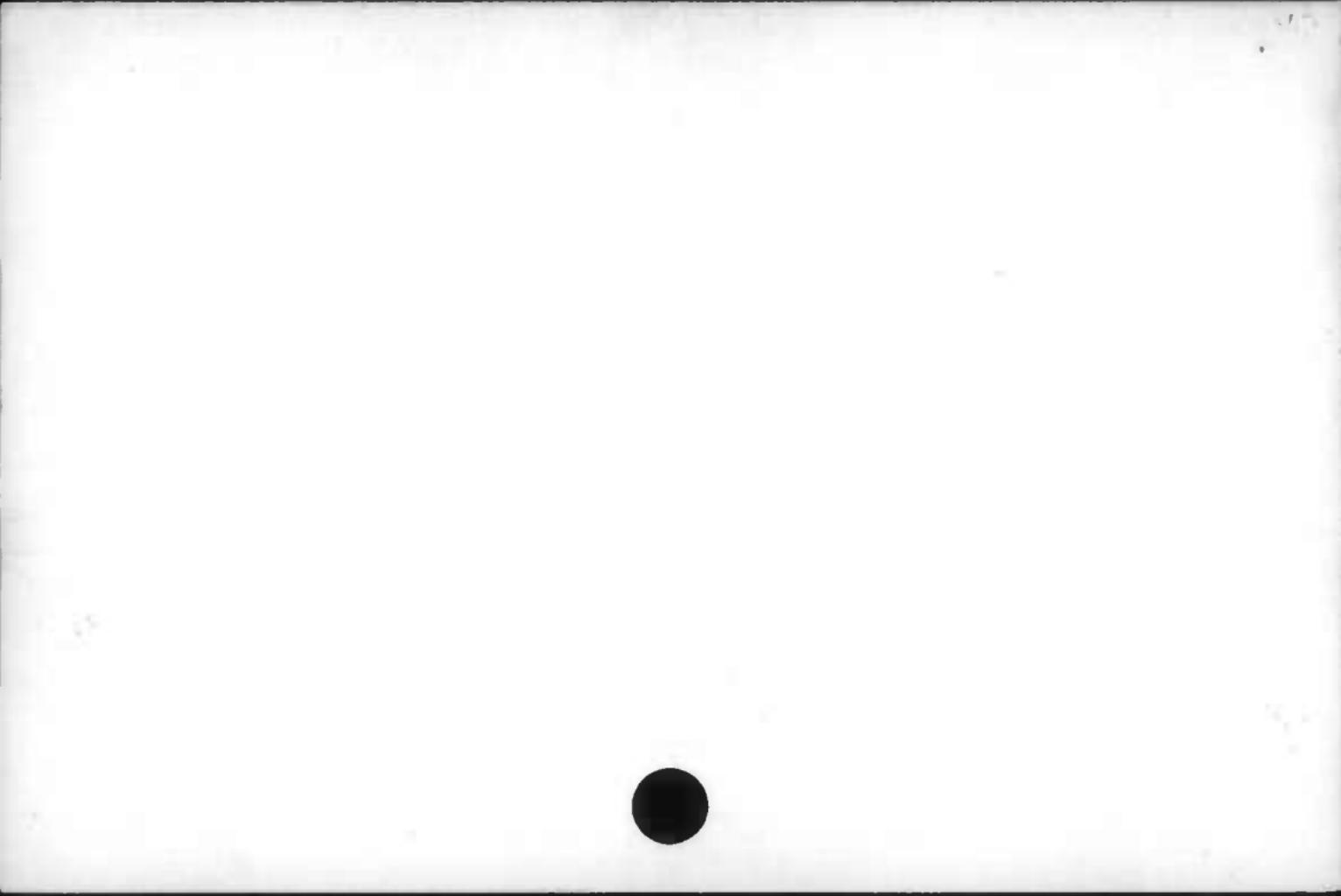
Address

G. O. McCormick MD  
Sparrows Point

Accident or Suicide

no

PHYSICIAN  
OR CORONER



Name  
in  
Full

John Milchling  
Rasburg

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age	73	Unknown Unknown
Occupation	Where residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	Rasburg		
Father's Name	Eva Milchling			
Mother's Maiden Name	Europe			
Name of person giving information	How related to deceased			

Male White Europe

Farmer

Christian Milchling

Unknown

Frank Milchling Son

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary General Arterio-sclerosis

Immediate Epistaxis

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

A. L. Milchling  
Rasburg Md.

Accident or Suicide Neither

(81)

How long

Years

How long

3 days

St Josephs

Name  
in  
Full

John B. Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Upper Falls</u>		County <u>Baltimore</u>		MARYLAND	
Date of death <u>1980</u>	Month <u>Feby</u>	Day <u>21</u>	Years <u>60</u>	Month <u>4</u>	Days <u>8</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Where Residing if not at place of death <u>Towson</u>		Last place of death	
Occupation <u>Watchman</u>					
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>Alberta Miller</u>			Father's Birthplace <u>Germany</u>		
Mother's Maiden Name <u>Elizabeth A. Steinfelt</u>			Mother's Birthplace <u>Germany</u>		
Name of person giving Information <u>Maggi Miller</u>			How related to deceased <u>sister</u>		

CAUSES OF DEATH

Primary

Lung failure by Pneumonia Pneumonia 6 days

Immediate

Exhaustion from time

10

How long

✓

How long

2 days

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of  
Physician

Address

M. Meyer MD  
Jaffa  
Wards 20th

Accident or Suicide

No

St Stephens Cemetery

Bradshaw MD

Name  
in  
Full

Mrs. Martha Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Raisterlawn		County Balto.		MARYLAND		
Date of death 1910	Month Feb.	Day 6	Years 46	Months -	Days -	
Sex Female	Color or Race White	Occupation Married		Birth- place Russia		
Married, Single or Widowed Married						
Name of Wife or Husband Bernard Miller						
Father's Name Barrel Sipman			Father's Birthplace Russia			
Mother's Maiden Name Ida —			Mother's Birthplace Russia			
Name of person giving Information Bernard Miller			How related to deceased Husband			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary  
Pulmonary Tuberculosis

27

How long

8 mos.

Immediate  
Exhaustion

2 wks.

Are the name, age, sex, color, date  
and place correctly given above?

yes

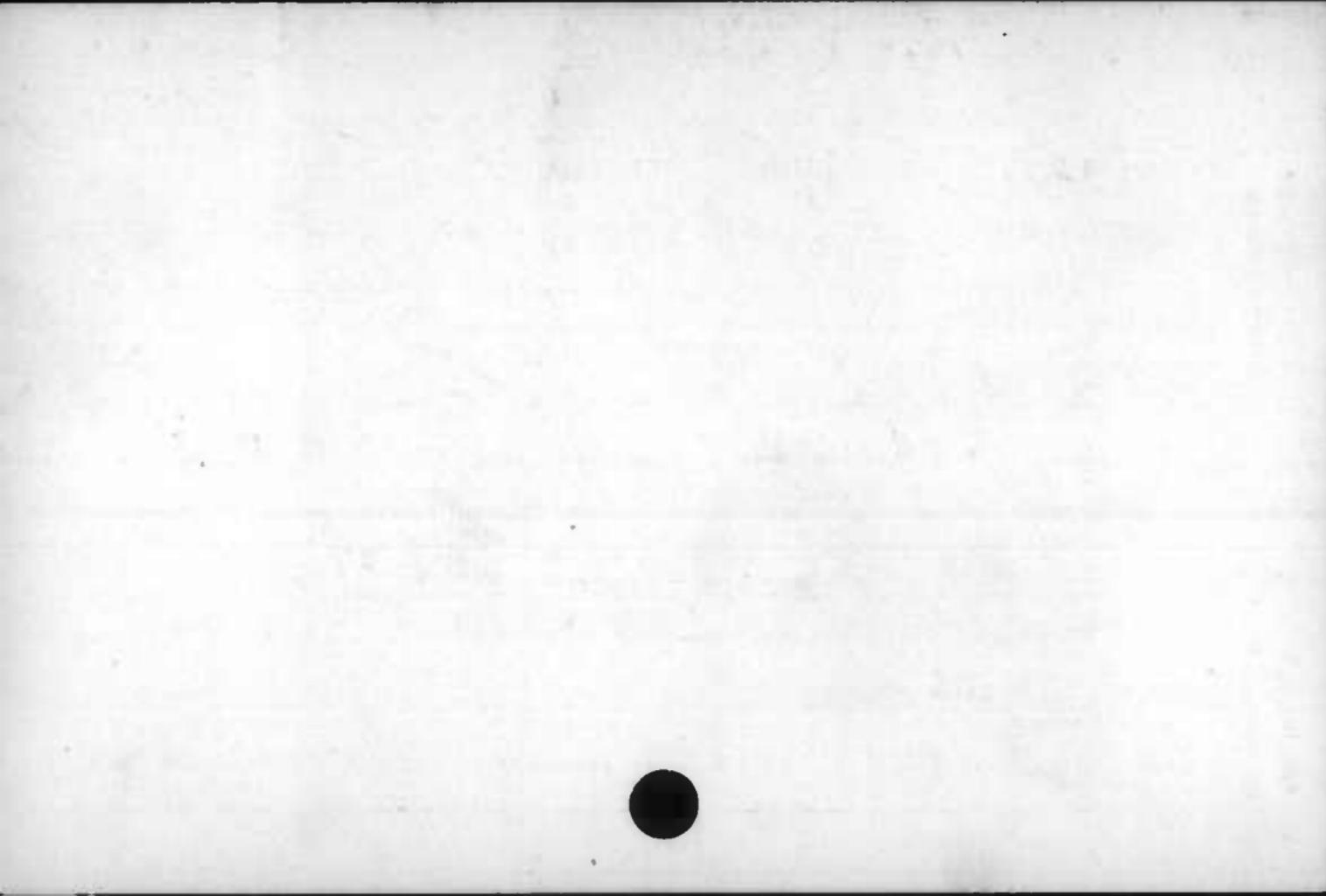
Signature of  
Physician

Address

S. Wickers Morris

Jewish Home for Consumptives  
Raisterlawn, Md.

Accident or Suicide?



Name  
in  
Full

Mary E Montague

CERTIFICATE OF DEATH

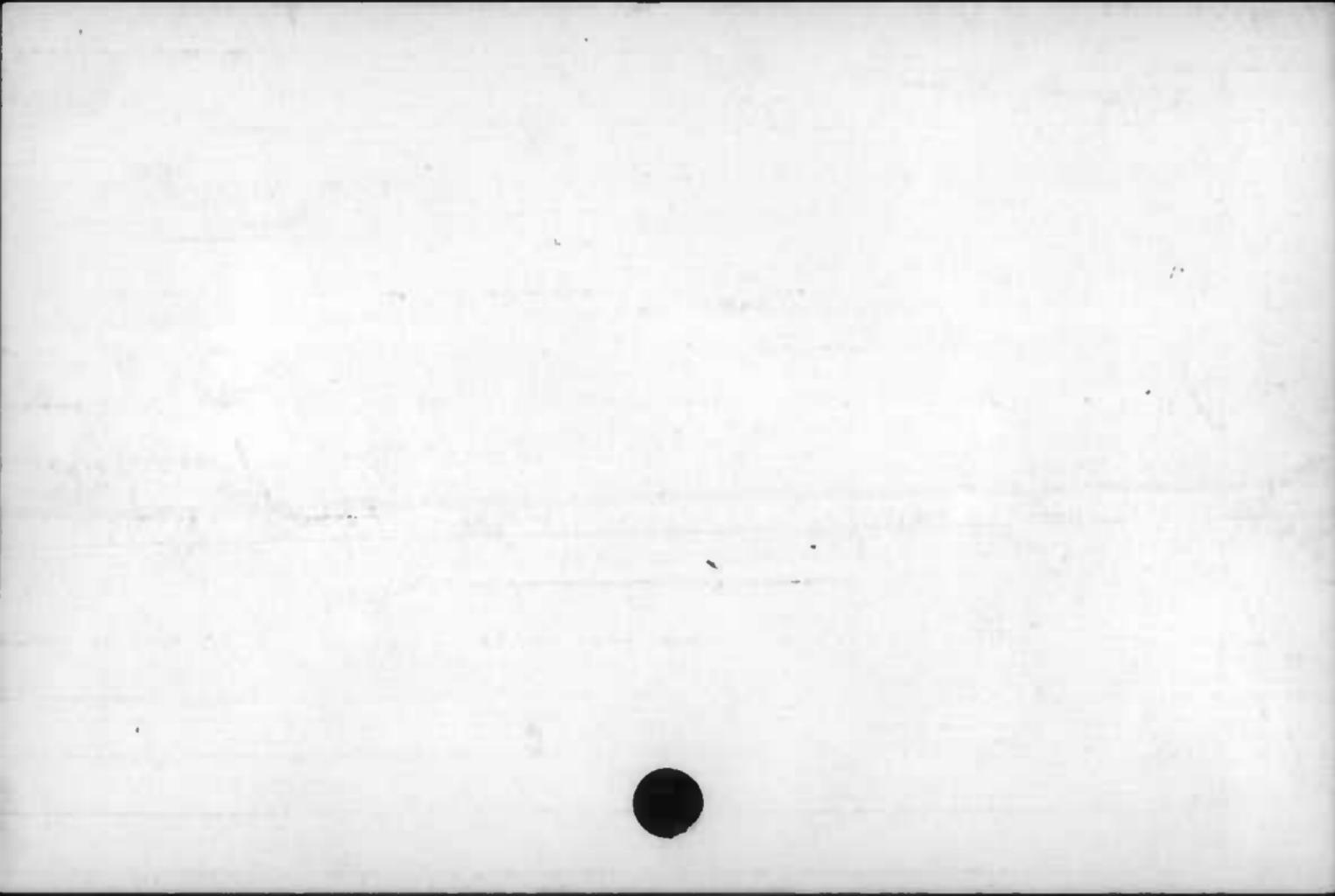
TO BE ANSWERED BY  
NEAREST FRIEND

Died at Catoctinville		Town County Bolton		MARYLAND	
Date of death 1990	Month Feb	Day 28	Years 86	Months	Days
Sex F	Color or Race White	Birth- place Md			
Occupation None	Where Residing if not at place of death Baltimore City				
Married, Separated Widowed	Name of Wife or Husband NN				
Father's Name Unknown	Father's Birthplace Md				
Mother's Maiden Name Unknown	Mother's Birthplace Md				
Name of person giving Information Mrs Lytle	How related to deceased None				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary General debility & decline	How long 56 hours
Immediate Pneumonia	How long Two days
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician Address
Address	Address
Accident or Suicide?	Signature J. G. Lytle M.D. Catoctinville Md



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

Mrs. Elizabeth Moran

CERTIFICATE OF DEATH

Died at

St. Agnes Hospital Baltimore

County

MARYLAND

Date  
of death

1910 Feb.

Month

Day

Years

Age

74

Months

Days

Sex

Female

Color or  
Race

White

Birth-  
place

Baltimore

Occupation

None

Where Residing if not  
at place of death

1615- quisquith St.

Married, Single  
or Widowed

Widow

Name of Wife or  
Husband

Unknown

Father's  
Name

Unknown

Father's  
Birthplace

Unknown

Mother's  
Maiden Name

"

Mother's  
Birthplace

"

Name of person giving  
Information

Hospital Records

How related  
to deceased

764

85

How long

16 days  
4 hrs.

How long

604 Cook  
St. Agnes Hospital

PHYSICIAN  
OR CORONER

Primary

Fracture Head of femur  
(Myocarditis?) Acute Alumum

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

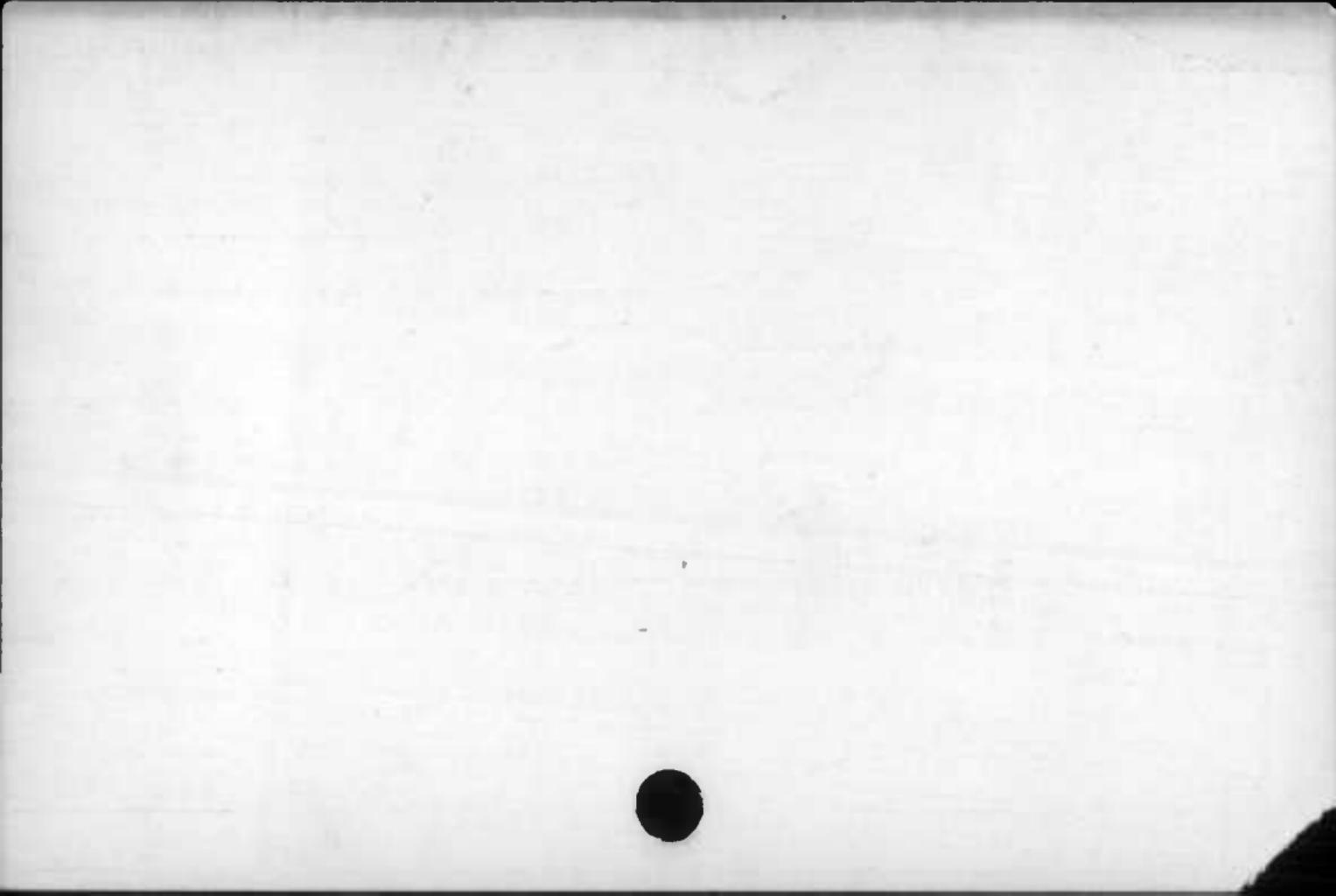
Signature of  
Physician

Address

Yes

Accident or Suicide?

No



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Infant of Anna Murray

Town

County

Died at

Rolando Park

Baltimore

MARYLAND

Date

of death 1900

Month

Feb

Day

27

Years

0 8

Months

0 0

Days

0 0

Sex

Female

Color or  
Race

Indonesian

Birth-  
place

Rolando Park

Occupation

None

Where Residing if not  
at place of death

Rolando Park

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Wilkeson

Father's  
Birthplace

Mother's  
Maiden Name

Anna Murray

Mother's  
Birthplace

Name of person giving  
Information

Anna Murray

Baltimore

Wilkeson

CAUSES OF DEATH

Primary

Child Born Dead

8

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Robert Norman M.D.

Address

Accident or Suicide

John Burns Sons  
Towners

For anatomical Purposes

Name  
in  
Full

Murray James B

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Levittsville Town Baldo County MARYLAND  
Date of death 1940 Month Feb Day 15 Age 70 Years  
Sex Male Color or Race white Birth-place Maryland  
Occupation Link Where Residing if not at place of death —  
Married, Single or Widowed Single Name of Wife or Husband —  
Father's Name Link Father's Birthplace Link  
Mother's Maiden Name Link Mother's Birthplace Link  
Name of person giving Information — How related to deceased —

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

Primary Pulmonary Tuberculosis  
Immediate Exhaustion

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Accident or Suicide

No.

27

How long

19r

How long

2 weeks.

Helen Nadel  
Levittsville, Md

Edward a Widesel  
Springe Grovel.

Bonnie Brag

William B. Myer Jr.

## CERTIFICATE OF DEATH

Died at		Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
1960	Feb	5	Age 21	10	21	
Sex	Male	Color or Race	White	Birth-place	Baltimore	
Occupation	Clerk		Where Residing If not at place of death	Baltimore		
Married, Single or Widowed	Single		Name of Wife or Husband	Baltimore		
Father's Name	William B. Myer		Father's Birthplace	Baltimore		
Mother's Maiden Name	Moritha Leavendell		Mother's Birthplace	Baltimore		
Name of person giving Information	Mother		How related to deceased	Mother		

## CAUSES OF DEATH

27

Primary	Pulmonary Tuberculosis		How long	4 years
Immediate	General Exhastion & Heart Failure		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	W. B. Myer Jr.	
Yes		Address	1007 Cathedral St Baltimore Md	
Accident or Suicide?				

John C. Strong Jr.  
1452 Penna Ave  
London Park, Md.

Name  
in  
Full

Thomas Stevin -

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	Baldo	County	MARYLAND
Died at	Month	Day	Years
1970	Feb	6th	73
Age	Months	Days	not known
Sex	Color or Race	white -	Birth place
Male		Ireland -	Roslyn Md.
Occupation	Where Residing if not at place of death		
Miller -	Not Known		
Married, Single or Widowed	Name of Wife or Husband	Not Known	
Father's Name	not Known	Father's Birthplace	not Known
Mother's Maiden Name	"	Mother's Birthplace	" "
Name of person giving Information	Reeds Mt. Hope Retirement	How related to deceased	not at all

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Senile Mania -

Immediate

Ex. Pul. Congestion -

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Frank J. Flannery

Address

154

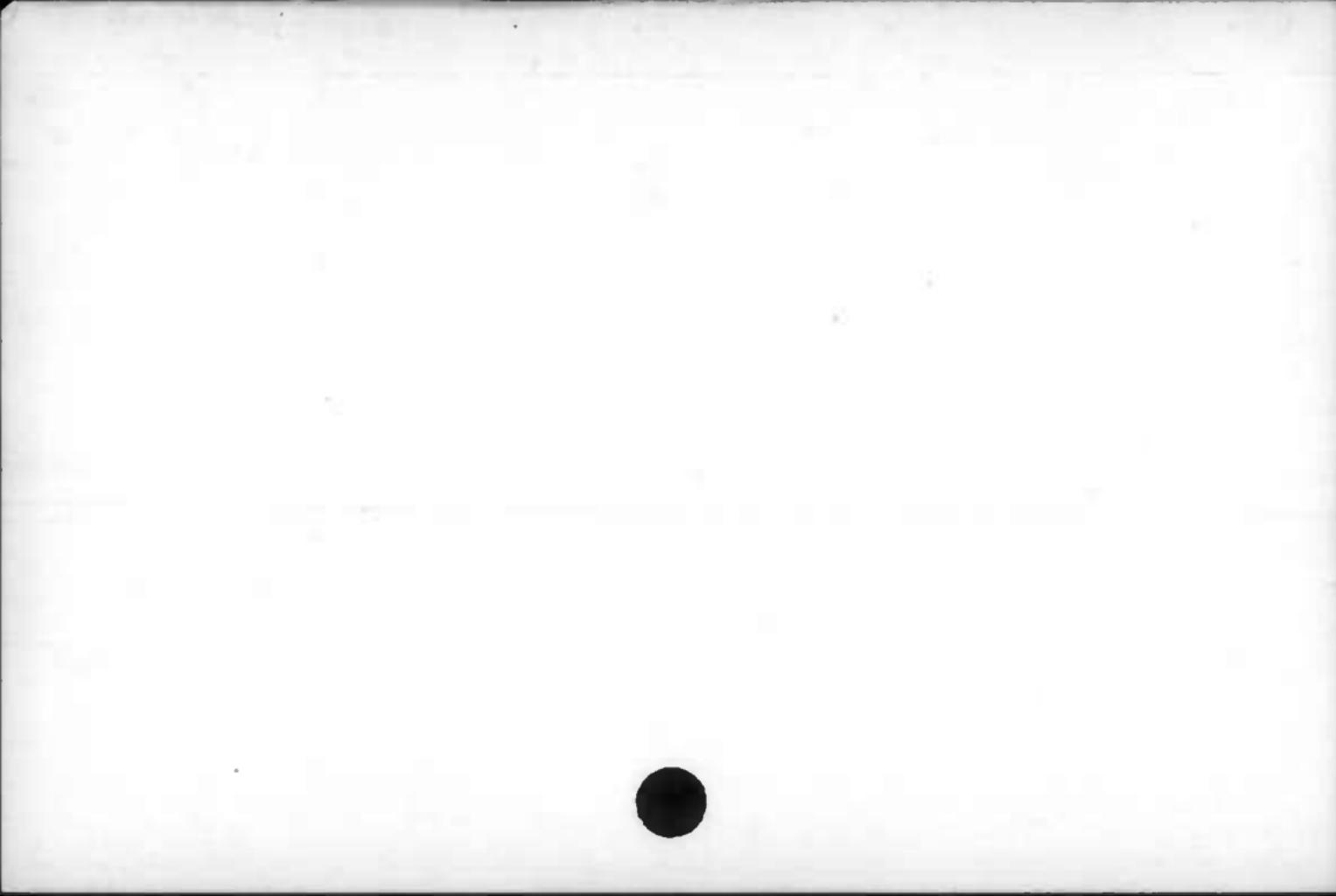
How long

about 2 yrs

How long

48 hrs

Accident or Suicide



Gulah R Howland

## CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Calomperie		Baltimore					
Date of death	1940	Month 3	Day 18	Years 65	Age	Months 2	Days 17
Sex	Female	Color or Race	White	Birth-place	Baltimore, Md		
Occupation	None	Where Residing if not at place of death			Place of death		
Married, Single or Widowed	Single	Name of Wife or Husband	—				
Father's Name	Lambert Howland			Father's Birthplace	Maryland		
Mother's Maiden Name	Rachel M White			Mother's Birthplace	Maryland		
Name of person giving information	Harriet T. Howland			How related to deceased	Sister		

## CAUSES OF DEATH

120

How long  
two years.How long  
11 hoursPrimary  
Paralysis. NephritisImmediate  
Uremic Coma

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

R. G. Macmillan  
Caterpillar

Accident or Suicide?

Greenmount Penn  
Jos. B. Cook.

Name  
in  
Full

Benjamin Ogle

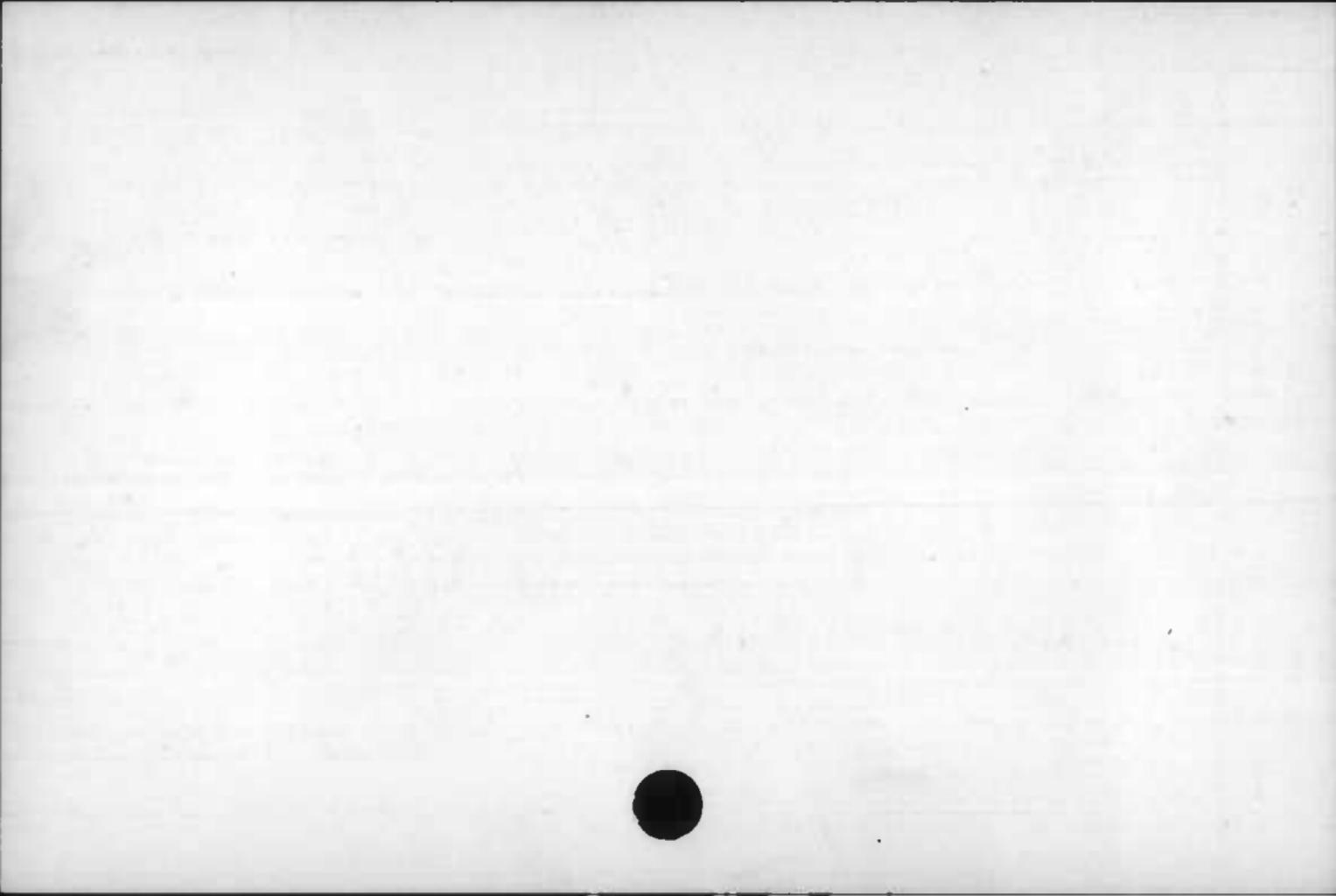
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at		Town	County		MARYLAND	
Date of death	1900	Month Feb.	Day 14	Years 55	Months	Days
Sex	Male	Color or Race	White	Birth-place	Dr. Geo. Co. Md.	
Occupation	None	Where Residing if not at place of death		731-W. Lansdale St.		
Married, Single or Widowed	Married	Name of Wife or Husband	Elizabeth Ogle		Father's Birthplace	Belair, Md.
Father's Name	Dr. George Ogle			Mother's Birthplace		Howard Co. Md.
Mother's Maiden Name	Anna Cook			How related to deceased		Wife
Name of person giving information	Mrs. Benj. Ogle					
CAUSES OF DEATH						
Primary	Jabs dorsale		62	v		
Immediate	Tremia		How long		2 yrs +	
Are the name, age, sex, color, date and place correctly given above?			How long		3 days +	

Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Allen Graham M.D.	
Address	St. Apolles Hospital			
Accident or Suicide?	No			



Name  
in  
Full

John Olex

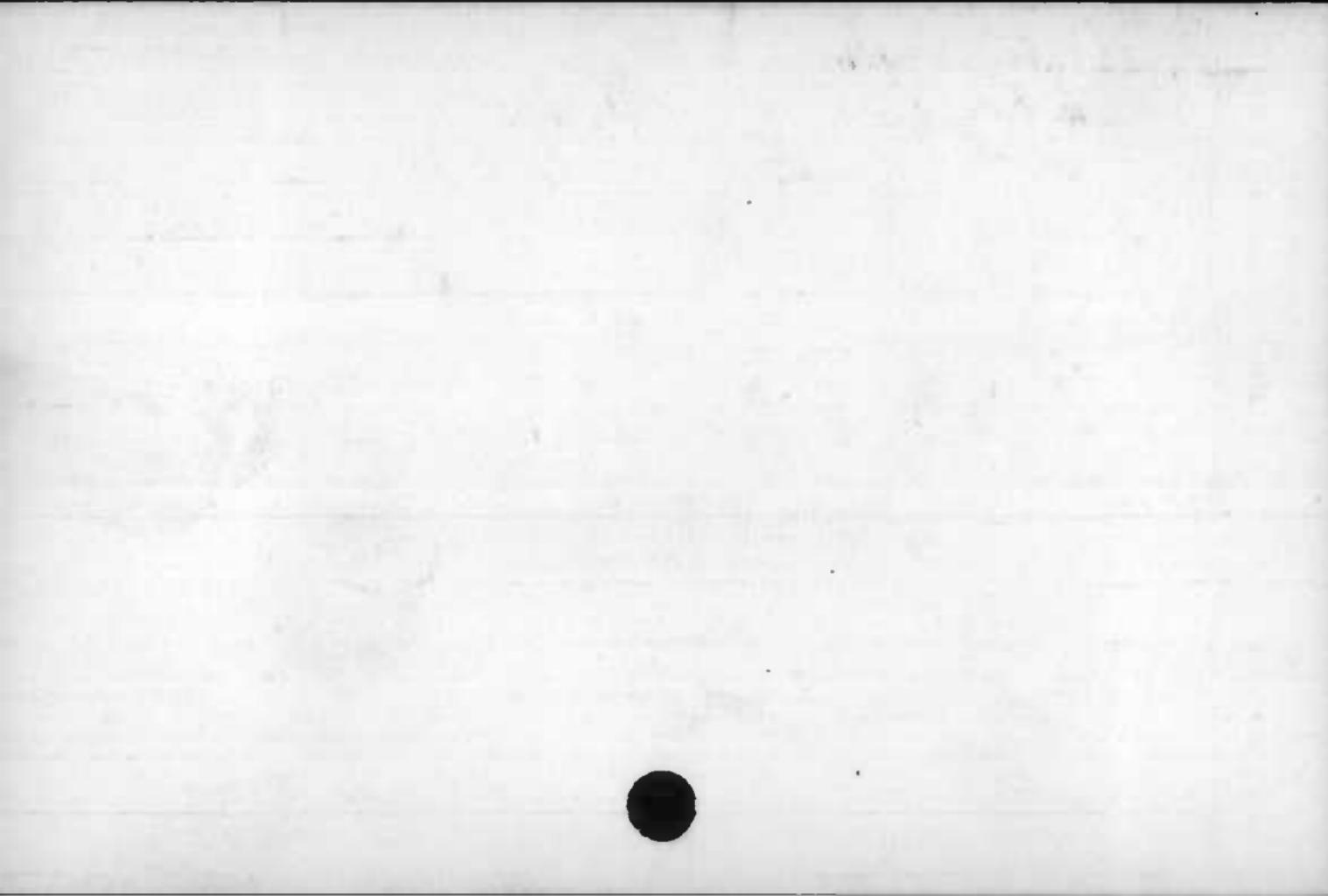
CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1910	Month Feb.	Day 24	Years 22	Months	Days
Sex	Male	Color or Race	White	Birth-place	Germany	
Occupation	Fireman		Where Residing if not at place of death	807-Frederick Rd.		
Married, Single or Widowed	Sing	Name of Wife or Husband				
Father's Name	Unknown		Father's Birthplace	Unknown		
Mother's Maiden Name	"		Mother's Birthplace	"		
Name of person giving information	Hospital Records		How related to deceased			

CAUSES OF DEATH

Primary	Mediastinal Sarcoma		How long	6 weeks.	
Immediate	Esphyxia: Operation		How long	2 x h.	
Are the name, age, sex, color, date and place correctly given above?		Yes,	Signature of Physician	Allen Grubauer M.D.	
			Address	St. Agnes Hospital,	
Accident or Suicide?		No.			



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Sister Evangelist O'Neill

CERTIFICATE OF DEATH

MARYLAND

Died at Mt Washington

County Baltimore

Town

Date of death 1910 Month Feb Day 21

Years

Age 72

Month

Days

(?)

Sex Female

Color or  
Race

white

Birth-  
place

Pittsburgh Pa

Occupation

Where Residing if not  
at place of death

Religious

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

Father's  
Name

John O'Neill

Father's  
Birthplace

Salford

Mother's  
Maiden Name

Mary Ann Byrne

Mother's  
Birthplace

Ireland

Name of person giving  
Information

Walter Alogens

How related  
to deceased

none

CAUSES OF DEATH

Primary

Organic heart disease

79

How long

6 to 7 years

Immediate

Asthma

How long

About one year

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

William J. Fidd  
Mt Washington Md

Accident or Suicide

3

Henry H. Jenkins and Sons Co.  
McBullock & Archard & Co.

Burial in mt St Agnes Convent Cemetery  
February 25th 1900

Name  
in  
Full

Clarendon C. Parks

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <b>Texas</b>		Town <b>Balto.</b> County		MARYLAND	
Date of death <b>1960</b>	Month <b>Feb.</b>	Day <b>27</b>	Age <b>72</b>	Years <b>6</b>	Months <b>20</b> Days
Sex <b>female</b>	Color or Race <b>white</b>	Birthplace <b>Carroll Co. Md.</b>			
Occupation <b>Hom</b>	Where Residing if not at place of death <b>Texas Md.</b>				
Married, Single or Widowed <b>married</b>	Name of Wife or Husband <b>Wm. Parks</b>	Father's Birthplace <b>Carroll Co. Md.</b>			
Father's Name <b>Mr. Shifley</b>	Mother's Birthplace <b>Carroll Co.</b>				
Mother's Maiden Name <b>Clarendon C. Shifley</b>	How related to deceased <b>Son</b>				
Name of person giving information <b>Carolee Parks</b>					
CAUSES OF DEATH					
Primary <b>Diabetes Mellitus</b>	50 ✓				
Immediate <b>Diabetic Coma &amp; Paralysis</b>	How long <b>about 5 yrs</b>				
Are the name, age, sex, color, date and place correctly given above? <b>yes</b>	How long <b>2 days</b>				
Signature of Physician <b>B. H. Bucsey M.D.</b>		Address <b>Texas Md.</b>			
Accident or Suicide? <b>g</b>					

PHYSICIAN  
OR CORONER

Funeral at Jno's

Wed. Mar. 2 = 1910.

Wm C. Bentz

Name  
in  
Full

Edna Viola Patterson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Phoenix

Town

County

MARYLAND

Date  
of death

1900

Month

2

Day

21

Years

25

Months

1

Days

28

Sex

Female

Color or  
Race

Birth-  
place

Baltimore

Occupation

Waitress

Where Residing if not  
at place of death

Married, Separated  
or Widowed

Name of Wife or  
Husband

Edna Viola Patterson

Father's  
Name

John R. Larson

Father's  
Birthplace

Baltimore

Mother's  
Maiden Name

Julia Koen Stearns

Mother's  
Birthplace

" " "

Name of person giving  
Information

Julia Koen Larson

How related  
to deceased

Mother

CAUSES OF DEATH

27

Primary

Pulmonary Tuberculosis

How long

8 months

Immediate

General failure of organs

How long

4 weeks

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Dr. J. E. Benson

Address

Bethesda

Md

No

Accident or Suicide?

Funeral at Halls  
Road Chapel. Thursday  
Feb 24<sup>th</sup>.

M. C. Brooks.

Name  
in  
Full

Ayers Pennington

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town		County		MARYLAND		
Died at	Summfield, Md.		Balto.				
Date of death	Month	Day	Years	Months	Days		
1910	Feb.	12	—	—	—		
Sex	Male	Color or Race	Col	Birth-place	Md		
Occupation	None			Where Residing if not at place of death	—		
Married, Single or Widowed	Single	Name of Wife or Husband	not married				
Father's Name	William Pennington			Father's Birthplace	Md		
Mother's Maiden Name	Maurice Ayers			Mother's Birthplace	Md		
Name of person giving Information	Maurice Ayers			How related to deceased	Mother		

CAUSES OF DEATH

151

How long

46 Weeks

45 Weeks

PHYSICIAN  
OR CORONER

Primary

Congenital debility

Immediate

Cardiac asthma

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

J. G. Rogers, Jr. M.D.  
1101 N. Charles St.  
Baltimore, Md.

Accident or Suicide

Slade Brothers Audubon  
John Slade  
Rev. J. Payson Green

Place of burial  
Mt. Zion Cemetery  
Long Green  
Md.

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Died at

Town

Highlandtown

County

Baltimore

Date  
of death 190

Month

Oct

Day

18

Years

54

Month

Days

Sex

Male

Color or  
Race

White

Birth-  
place

Poland

Occupation

Labour

Dancer

Married, Single  
or Widowed

Widowed

Name of Wife or  
Husband

Unknown

Father's  
Name

Unknown

Father's  
Birthplace

Unknown

Mother's  
Maidan Name

Unknown

Mother's  
Birthplace

Unknown

Name of person giving  
Information

S. Schloss

How related  
to deceased

Son

Primary

CAUSES OF DEATH

Cardiac Syncope

188

How long

✓

How long

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

Unlikely

Signature of  
Physician

Address

H. S. Sudler M.D.  
3325 E. Baltimore  
Crown

Accident or Suicide

Am. Fealkowski undertaker -

Holy Rosary Cemetery -

Burial - Tel. 25-1910. -

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Rosalie E. Blumer

Town: Highlandtown County: Baltimore

Died at: 1900 Month: 2 Day: 9 Age: 4

Sex: Female Color or Race: White

Occupation: 100

Where Residing if not  
at place of death

Married, Single  
or Widowed: Single

Name of Wife or  
Husband:

Father's Name: Frederick J. Blumer

Mother's Maiden Name: Florence A. Kegold

Name of person giving  
Information: Frederick J. Blumer

CERTIFICATE OF DEATH

MARYLAND

Month: — Days: —

Birth-  
place: Baltimore  
3812 E. Lombard St.

Father's  
Birthplace: Baltimore

Mother's  
Birthplace: Washington D.C.

How related  
to deceased: Father

⑨

How long: 6 days

How long: 1/2 hour

Dr. L. Maynard  
32 High  
Highlandtown

Signature of  
Physician:

Address:

100

CAUSES OF DEATH

Primary: Pseudo Membranous Croup

Immediate: Exhaustion

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Accident or Suicide:

Holy Redeemer  
Cemetery  
Feb 10<sup>th</sup> 1960

Undertakers  
Lilly and Zeeler

Name  
in  
Full

Annie Poplasky

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at

Town

County

Month

Day

Years

Montha

Days

Date  
of death 1900

Feb

12

Age 56

Sex Female

Color or  
Race

white

Birth-  
place

Russia

Occupation

Housewife

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

unknown

Father's  
Name

unknown

Father's  
Birthplace

Mother's  
Maiden Name

unknown

Mother's  
Birthplace

Name of person giving  
Information

Martin Prelaski

How related  
deceased

noe

CAUSES OF DEATH

Primary

Sofar Preewomie

9A

How long

3days

How long

Immediate

yes

Signature of  
Physician

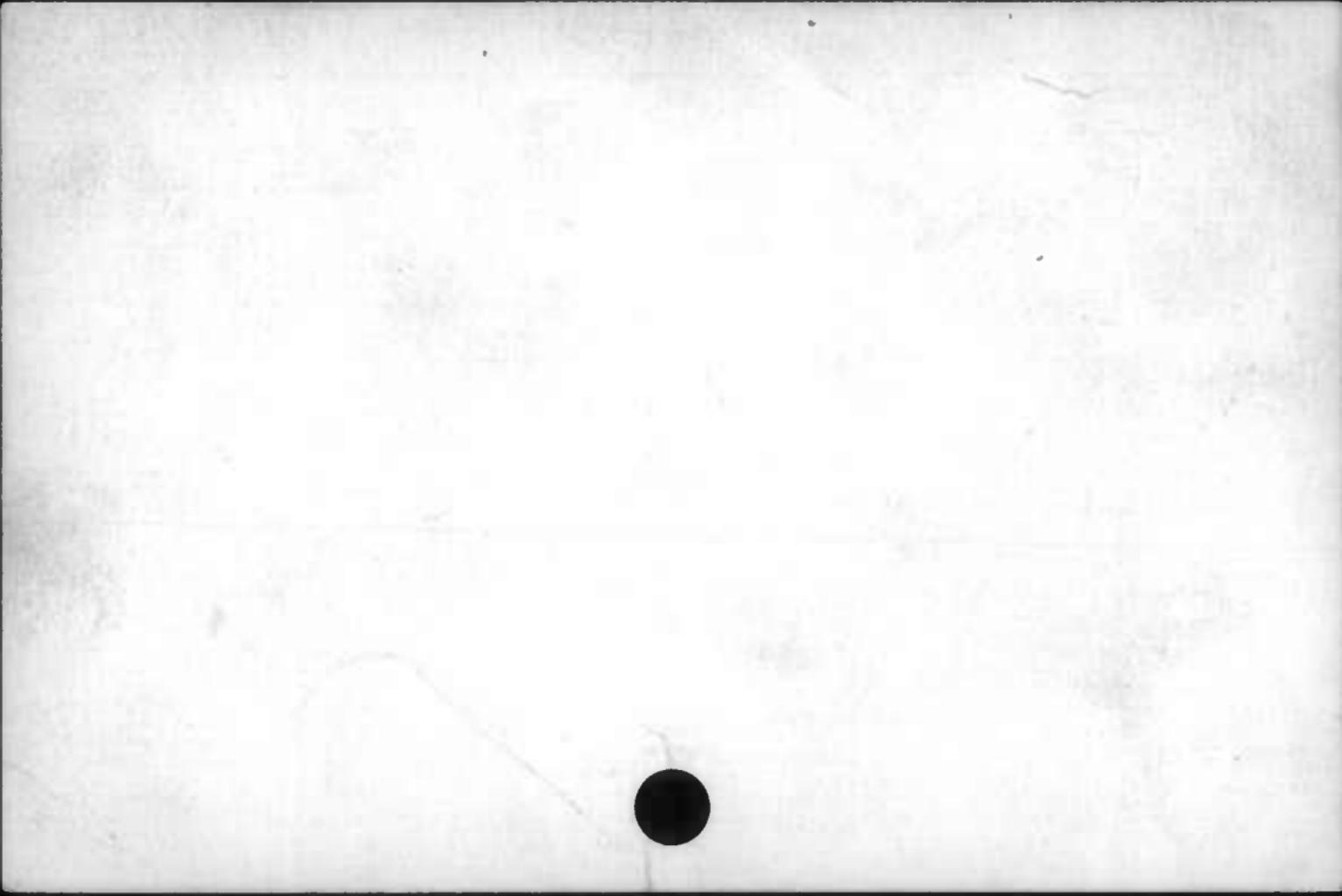
Address

6 veerage  
Roosevel 15  
me

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date  
and place correctly given above?

Accident or Suicide



Name  
in  
Full

Mary Frances Prince.

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Died at	Arlington	Baltimore	Months	Days
Date of death	Month	Day	Age	Years
1910	Feby	1st	66	22
Sex	Color or Race	Birth-place	New York State	
Female	White	Where Residing if not at place of death	Demmore Ave.	
Occupation	Housewife			
Married, Single or Widowed	Name of Wife or Husband	Geo Prince.		
Father's Name	Unknown			
Mother's Maiden Name	Unknown			
Name of person giving Information	Alvin Prince			

CAUSES OF DEATH

40

How long

How long

PHYSICIAN  
OR CORONER

Primary

Gall Stones & Cancer of Bladder. 66 years.

Immediate

Exhaustion.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Yes.

W. H. Coley M.D.  
Arlington

Accident or Suicide?

Wm Cook Undertaker  
502 E. North ave  
Interments at Loudon Park

Name  
in  
Full

stillborn infant of John & Mary Pruss

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at		Town	County		MARYLAND		
Date of death	1900	Month	Day	Age	Months	Days	
Sex	female	Color or Race	white		Canton Balt. Md.		
Occupation	house	Where Residing if not at place of death					
Married, Single Widowed	Widowed	Name of Wife Husband	Julia				
Father's Name	John Pruss						
Mother's Maiden Name	Mary Monarkay						
Name of person giving Information	John Pruss						

CAUSES OF DEATH

Primary  
detachment of placenta

Immediate  
still born

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

John Pruss  
Canton & O'Donnells

Accident or Suicide

M. B. Sadowksi  
703 S. Ann St.

St. Paul  
Oct 1/10

Name  
in  
Full

Maryanna Pruss

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Highlandtown		Baltimore.				
Date of death	Month	Day	Years	Month	Days	
1900	Feb.	5	24			
Sex	F.	Color or Race	W.	Birth-place	Germany	
Occupation	Housewife					
Married, Single, or Widowed	Name of Wife or Husband					
Father's Name	John Pruss					
Mother's Maiden Name	Moravsky					
Name of person giving Information	John Pruss.					

CAUSES OF DEATH

Primary  
detached placenta causing death of fetus (full term) probably 1 week

Immediats Toxins & Septicemia

137

How long

How long

4 days

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Pruss

Address

Carroll & O'Donnell & Son  
Baltimore, Md.

Accident or Suicid

Hudell & Sippel & Son

330 S. Bond

Holy Rosary Cen.

Feb. 7<sup>th</sup> / 10

Name  
in  
Full

Susie Beel Bush

CERTIFICATE OF DEATH

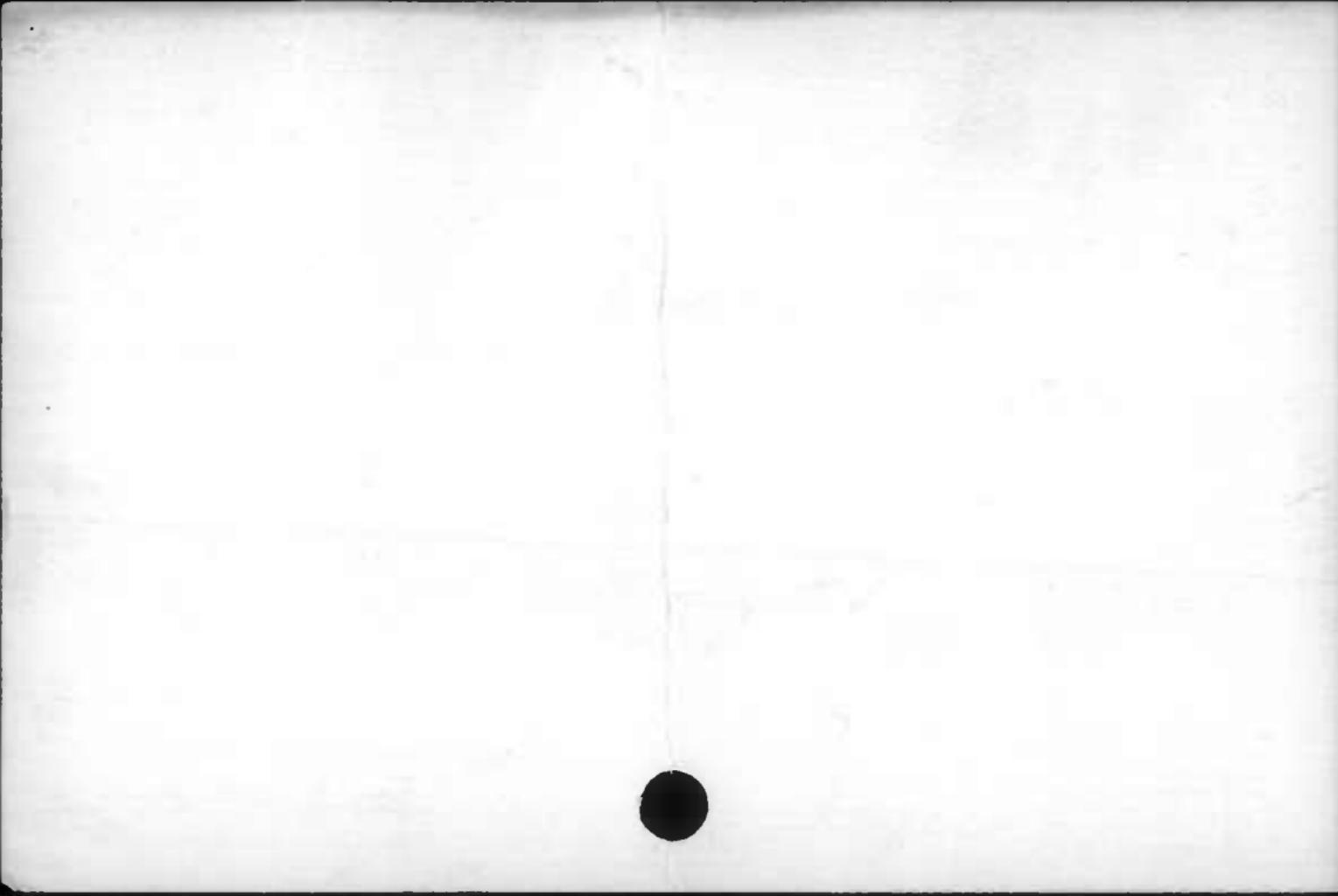
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town		County		MARYLAND	
1980	Month	Day	Years	Months	Days	
Sex	Color or Race		Birth-place			
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband		Samuel S. Pugh			
Father's Name	Bessie Sterling		Pa			
Mother's Maiden Name	Susie Cole		Md			
Name of person giving Information	Samuel S Pugh					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Inflammatory Rheumatism		46	How long
Immediate	General weakness		7 weeks	How long
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	
			Address	
Accident or Suicide	m		John L. Harrison Jr. Middle River Md 15	



Name  
in  
Full

Katie Pulse

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Govans	Town	County	MARYLAND
Date of death 19	10	Month	Day	Years Months Days
Sex	Female	Color or Race	white	Birth-place
Occupation	Housewife	Where Residing if not at place of death	Govans Md.	
Married, Single or Widowed	widowed	Name of Wife or Husband	Theodore Pulse.	
Father's Name	Jacob Sofsky.			
Mother's Maiden Name	Mrs - Wagner.			
Name of person giving Information	Frank Sofsky.			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Senility

79

6. mo.

Immediate

Aortic insufficiency

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

Address

J. C. Hess, M.D.

Govans. Md.

Accident or Suicide

Neither

E A Weddell Jr  
St Marys Cemetery  
Baltimore

MD

Name  
in  
Full

Anna Kate Rau

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Ridge Road</u> <u>Woodlawn</u> <u>Town</u> <u>Balto. Co.</u> <u>County</u>				MARYLAND	
Date of death <u>1910</u>	Month <u>Feb</u>	Day <u>5</u>	Age <u>77</u> Years	Months <u>6</u>	Days <u>9</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birthplace <u>Germany</u>			
Occupation <u>House work</u>	Where Residing if not at place of death <u>John C. Rau</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>John C. Rau</u>	Father's Birthplace <u>Germany</u>			
Father's Name <u>William Hushke</u>	Mother's Birthplace <u>Germany</u>				
Mother's Maiden Name <u>Don't know</u>	How related to deceased				
Name of person giving information <u>Harry C. Rau</u>					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Paraplegia, after a second stroke causing Total Paralysis</u>	How long <u>64</u> <u>1</u> <u>1910</u>
Immediate <u>Perhaps overwork. Rupture of vessels leading to brain</u>	How long <u>Jan 13 to Feb 5</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>L. G. Frazier M.D.</u>
	Address <u>Woodlawn Sta</u>
Accident or Suicide?	<u>Md</u>



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Katherine L. Reinst

Town

County

CERTIFICATE OF DEATH

MARYLAND

Died at

Month

Day

Years

Months

Days

Date

of death 190

Month

Day

Years

Months

Days

of death 190

Month

Day

Years

Trinity - Gem

Mar 1<sup>st</sup> 1910

H. Nicolaus & Son  
1820 Canton Ave

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND.

PHYSICIAN  
OR CORONER



John Ritter  
Town County  
Died at Highlandtowne Balto.  
Date Month Day Years  
of death 1910 Feb. 20<sup>th</sup> Age 78  
Sex Male Color or Race White  
Occupation Laborer  
Where Residing  at place of death  
Married, Single or Widowed Widower Name of Wife or Husband  
Father's Name Don't know.  
Mother's Maiden Name  
Name of person giving Information John Ritter

CERTIFICATE OF DEATH

MARYLAND

Days

Months

Birth-place Germany

708 S. Bouldin St.

Father's Birthplace Germany

Mother's Birthplace

How related to deceased

Son.

166

How long

8 wks.

How long

3 wks.

How long

3 wks.

Primary

Gastric & Stomach. Septic. -  
Rheumatism and Asthma.

Immediate

CAUSES OF DEATH

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

Dr. W. G. Gannahan M.D.  
619 S. Chestnut St.

Accident or Suicide

Undertakers. —

Gilly and Geiles.

Burial. — Sacred Heart Cemetery.  
Apel. — 23-1910. —

Name  
in  
Full

Elizabeth Royal

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	County		
Hillville	Balto		
Died at	MARYLAND		
Date of death	Month	Day	Years
1960	2	10	52
Sax	Color or Race	Birth-place	
Female	Colored	Va.	
Occupation	Where Residing if not at place of death		
Housewife	1731 - Carlylesepha Ball Va.		
Married, Single or Widowed	Name of Wife or Husband	George Royal	
Widow		Father's Birthplace	Va
Father's Name	Taylor Holmes	Mother's Birthplace	Va
Mother's Maiden Name	unknown	How related to deceased	None
Name of person giving Information	Mary J. Hill		

CAUSES OF DEATH

103

How long

30 Minutes

How long

" "

PHYSICIAN  
OR CORONER

Primary

Indigestion

Immediate

Indigestion

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

August W. Miller, Coroner  
Mr. Wm. Wm. Wm.  
Balto Co. Md.

Accident or Suicide

Richmond  
Virginia

Alex. J. Semple  
Balt

Name  
in  
Full

Sallie A. Rutter

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Relay.		Town Balto.		County Maryland	
Date of death 1900	Month February	Day 10	Years 47	Months 2	Days 18
Sex Female	Color or Race White	Birth- place Adams Co., Pa.			
Occupation —	Where Residing if not at place of death Relay, Md.				
Married, Single or Widowed Married	Name of Wife or Husband A. E. Rutter.				
Father's Name Joel Penicker	Father's Birthplace York Co., Pa.				
Mother's Maiden Name Caroline Harweddle	Mother's Birthplace Germany.				
Name of person giving Information Ralph Rutter.	How related to deceased Son.				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Mitral insufficiency

79

✓

How long

Several years

Immediate

Secondary (passive) nephritis

How long  
about 1 month

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Mr. R. Eareckson

Address

Eek Ridge, Md.

Accident or Suicide

Place of burial Greenmount Cemetery

Henry W. Jenkins & Sons Co

Orchard & McCullough, Sts.

Baltimore Md.

(correction.)

Name  
in  
Full

Sister M. Justina, Schares  
Town Catonsville, County Baltimore

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Catonsville, Month Feb. Day 8  
Date of death 1910 Age 61  
Years Months Days

MARYLAND

Sex Feminine Color or Raca White Birth-place 4 Pennsylvania 4  
Occupation Lampshade maker Where Residing if not at place of death Catonsville Md

Married, Single or Widowed Single Name of Wife or Husband

none

Father's Name Unknown

Father's Birthplace Unknown

Mother's Maiden Name

Mother's Birthplace

Name of person giving Information

How related to deceased

S. M. Corono, Preger.

Supervisor

CAUSES OF DEATH

Primary

Rt Lobar Pneumonia.

93

v

Immediate

asthma

How long

6 days.

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Marshall B West.  
Catonsville Md.

PHYSICIAN  
OR CORONER

Accident or Suicide

P. Fink & Son.  
915 W. Gay St  
Balt Md.

Gowenstown, Penna.

Name  
in  
Full

Elizabeth C Schatz

CERTIFICATE OF DEATH

To BE ANSWERED BY

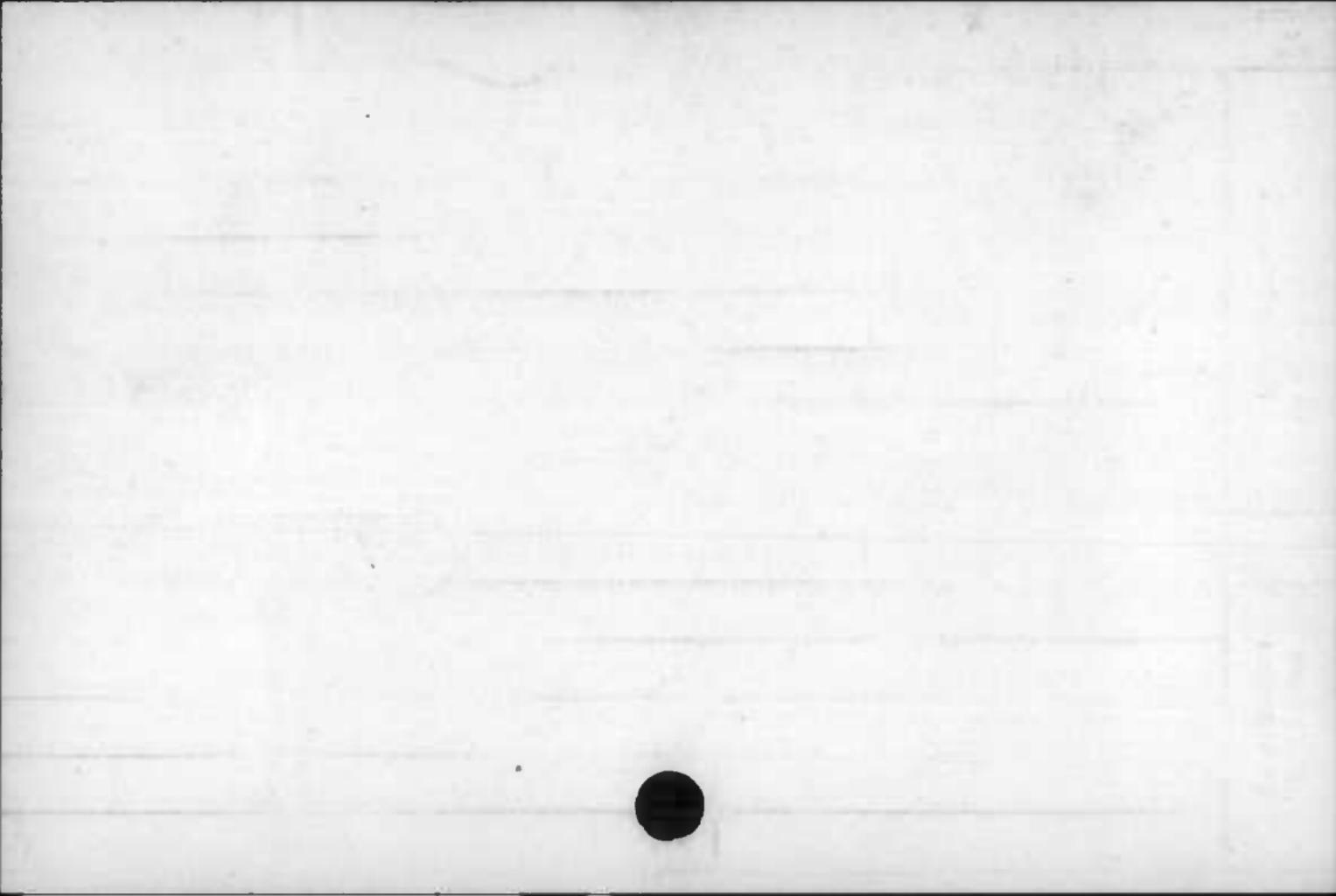
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Age	44	
Occupation	Housewife		Where Residing if not at place of death	Europe	
Married, Single or Widowed	Married	Name of Wife or Husband	Michael Schatz		
Father's Name	Frank C Giese		Father's Birthplace	Germany	
Mother's Maiden Name	Frances Giese		Mother's Birthplace	Germany	
Name of person giving information	Michael Schatz		How related to deceased	Husband	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pulmonary Tuberculosis		How long	about 6 months
Immediate	Exhaustion		How long	few days
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Charles L Maupfeld	
		Address	Calverton Md	
Accident or Suicide?				



Ernest A Schriver

## CERTIFICATE OF DEATH

Died at		Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
1940	2	17	Age 51	10	—	
Sex	Male	Color or Race	White	Birth-place	Pa	
Occupation	Sabor					
Married, Single or Widowed	Married					
Father's Name	John Schriver					
Mother's Maiden Name	Nakuson					
Name of person giving information	Susan Schriver					
Where Residing if not at place of death						
Sparraw Point Md						

## CAUSES OF DEATH

40

Primary

Cancerous Liver

How long

One year

Immediate

Examination

How long

3 weeks.

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

F. E. Glidick M.D.  
Sparraw Point  
Md

Accident or Suicide?

Dr. Aldrovij

Cat 502

William Schmauser

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age		Birth-place		
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	John Conrad Hartman Schmauser			Father's Birthplace	Oberschmitten Kreis	
Mother's Maiden Name	Annie Marie Schwab			Mother's Birthplace	Frauerbach	
Name of person giving information	F. W. Schmauser			How related to deceased	Grand Son	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Senility

154

i  
one week

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

John Evans MD  
602 Bator Ave  
Baltimore, Md

Accident or Suicide?

H E Hughes  
undertaker  
17 S Broadway  
Balt<sup>o</sup>  
Md

Interned  
at St. Carmel  
Balt<sup>o</sup> Co  
Md

Name  
in  
Full

Edgar T. Seay

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Baltimore 60. 24		
Occupation	Where Residing if not at place of death 3733 Mt Pleasant				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Frank L. Seay				
Mother's Maiden Name	Georgia A. Berry				
Name of person giving Information	Georgia A. Seay				
CAUSES OF DEATH					
Primary	Capillary Bronchitis				
Immediate	Convulsions				
Are the name, age, sex, color, date and place correctly given above?		Yes.	Signature of Physician	Dr. F. A. Glantz	
			Address	3244 Eastern Ave.	
Accident or Suicide					

PHYSICIAN  
OR CORONER

91  
How long

✓  
6 weeks

How long  
few hours.

Dr. F. A. Glantz  
3244 Eastern Ave.

Oak Lawn, IL

Henry Jr  
2/15/10

Name  
in  
Full

Clarence S. Seviley

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Rossocelle Bldw

Town

County

Died at

Month

Day

Years

Month

Days

Date

of death

1901 Feb

15

Age

—

12

—

Sex

Male

Color or  
Race

white

Birth-  
place

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Robert Seviley

Father's  
Birthplace

Mother's  
Maiden Name

Sarah Beitzel

Mother's  
Birthplace

Name of person giving  
Information

Robert Seviley

How related  
to deceased

Primary

Pronch. Dementia 2 days

CAUSES OF DEATH

Immediata

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

10 Village  
Rossocelle Bldw

Accident or Suicide

PHYSICIAN  
OR CORONER

Statement at Dale Law County.

H. H. HUGHES.

*undertaker.*

17 S. BROADWAY.

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Died at *Playstones* Town *Baldo* County  
Date of death *1907* Month *May* Day *27* Age *29* Years  
Sex *Male* Color or Race *White*  
Occupation *Stoker*  
Where Residing if not at place of death *England Southern*  
Married, Single or Widowed *Unknown* Name of Wife or Husband *Unknown*  
Father's Name *Unknown*  
Mother's Maiden Name *Unknown*  
Name of person giving Information *Malvyn Sharp*  
Father's Birthplace *Unknown*  
Mother's Birthplace *Unknown*  
How related to deceased *110*  
How long *1*  
How long *1*

CAUSES OF DEATH

Primary

*Intoxication or head injury*

Immediate

*Auto pistol shot wound*

Are the name, age, sex, color, date and place correctly given above?

Signature of  
Physician

Address

*Dr. J. S. Sudder M.D.  
3553 E. Bald St.*

Accident or Suicide

Jos B Cook  
1003 W. Balto st

St Peters Cem

Name  
in  
Full

(Smith) Mary A

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Months

Days

Died at

Town

Leubensville

County

Date of death 1900

Month

Feb

Day

27

Years

34

Age

Color or  
Race

white

Birth-  
place

Months

Sex

Female

Days

Occupation

Nurse

Where Residing if not  
at place of death

X

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

X

Father's  
Name

unk

Father's  
Birthplace

unk

Mother's  
Maiden Name

unk

Mother's  
Birthplace

unk

Name of person giving  
Information

How related  
to deceased

—

CAUSES OF DEATH

Primary

Terminal Dementia

120

v

How long

3 yrs

Immediate

Chronic Interstitial Nephritis

How long

6 mos.

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

J. Percy nude  
Leubensville, N.Y.

PHYSICIAN  
OR CORONER



Accident or Suicide

No

Stewart & Moore

213 Park Ave.

Baltimore

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Linfant Smith  
Monkton Smith  
Died at Monkton Smith  
Town County  
Died at Monkton Smith  
Month Day Years Months Days  
Date of death 1900 Feb 6 Age 8 months 8 days  
Sex Female Color or Race Black Birth-place Monkton  
Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

CERTIFICATE OF DEATH

MARYLAND

Married, Single  
or Widowed

Name of Wife or  
Husband \_\_\_\_\_

Father's  
Birthplace

Mother's  
Birthplace

Father's  
Name Thos. Smith

Ba

Mother's  
Maiden Name Mary Owsen

Jay  
Father

Name of person giving  
Information Thos. Smith

How related  
to deceased

169

How long

Primary  
dropped at birth in  
bucket

How long

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

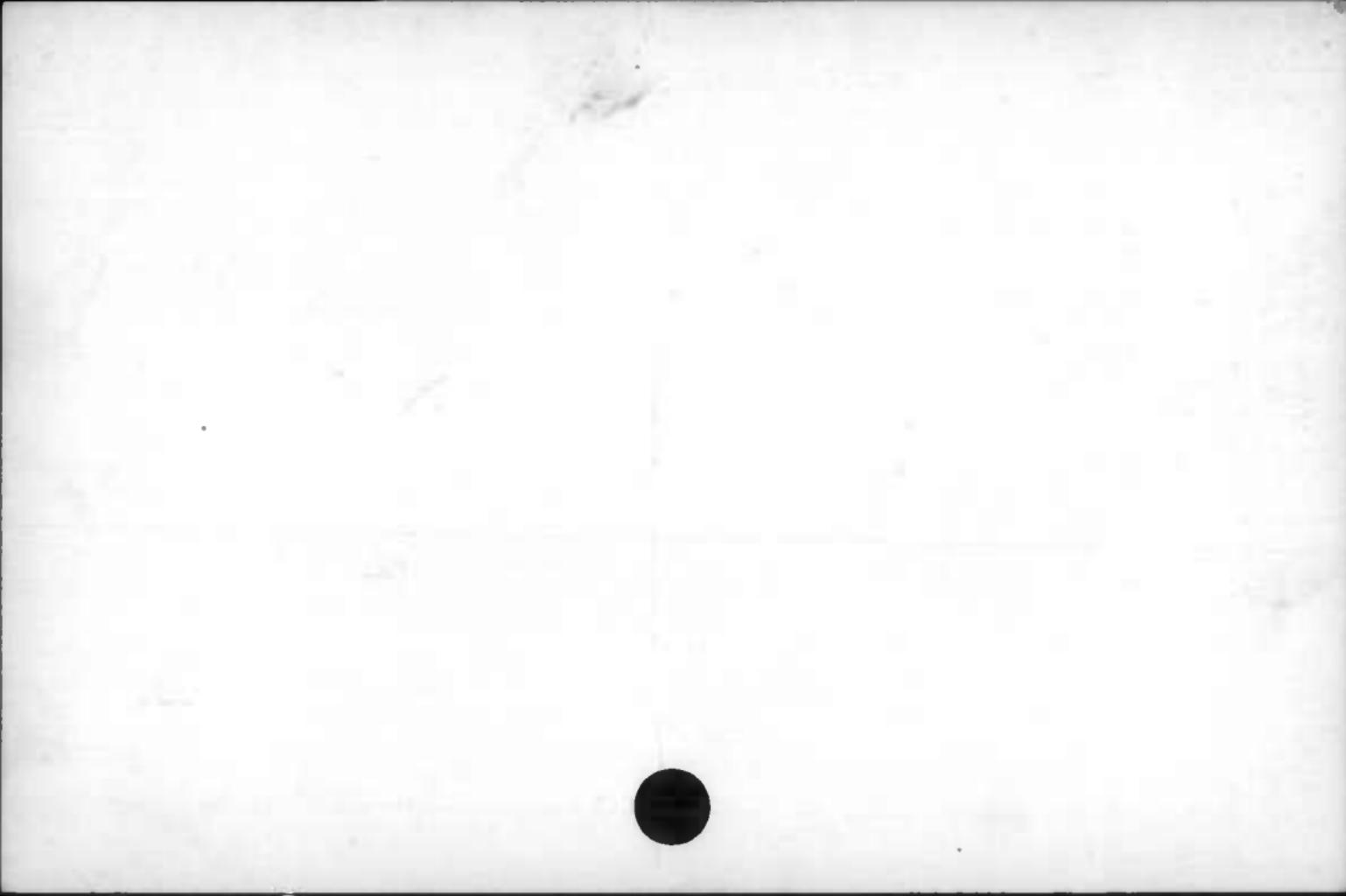
Signature of  
Physician

Address

L. R. Payne,  
Croft

Accident ~~injury~~

8



Name  
in  
Full

William L. Smith

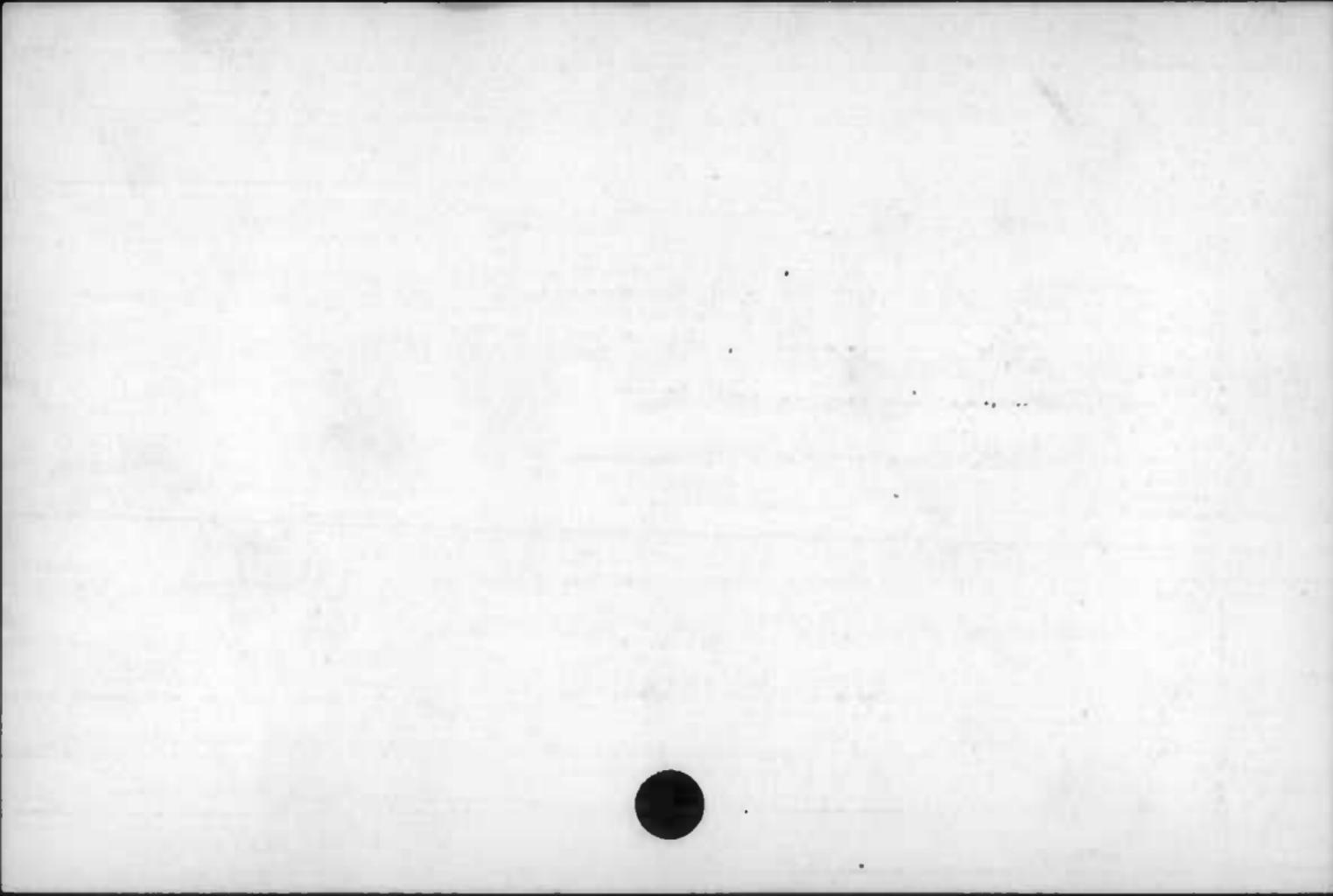
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at <u>St. Agnes' Hospital</u>		County <u>Baltimore</u>		MARYLAND	
Date of death <u>1960</u>	Month <u>Feb.</u>	Day <u>23</u>	Age <u>16</u>	Years	Months Days
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place			
Occupation <u>School boy</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u> </u>				
Father's Name <u>William</u>				Father's Birthplace <u>Not known</u>	
Mother's Maiden Name <u>Olivia Jane McCulloch</u>				Mother's Birthplace <u>Baltimore</u>	
Name of person giving Information <u>Brother Paul, Sup't. St. Mary's Industrial School</u>				How related to deceased <u>Brother</u>	<u>Boy was an inmate</u>
CAUSES OF DEATH					
Primary <u>Pulmonary Tuberculosis + Tubercular meningitis</u>	How long <u>29 days</u>				
Immediate <u>Exhauster</u>	How long <u>1 week +</u>				
Are the name, age, sex, color, date and place correctly given above?	3 yes	Signature of Physician			
Address	<u>Allen Graham M.D.</u> <u>St. Agnes Hospital</u>				

Accident or Suicide?



Name  
in  
Full

Edward J. Snow.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

	Town		County			
Died et	Govans.		Baltimore		MARYLAND	
Date of death	1910	Month Feb	Day 27	Years 80	Months 6	Days
Sex	Male	Color or Race	White	Birth-place	Baltimore, Md.	
Occupation	Clerk.	Where Residing if not at place of death			634 Gorsuch Ave Baltimore Md.	
Married, Single or Widowed	Widowed	Name of Wife or Husband	Mary E. Snow (deceased)			
Father's Name	Charles G. Snow.			Father's Birthplace	Mass.	
Mother's Maiden Name	Cynthia White			Mother's Birthplace	Baltimore Md.	
Name of person giving Information	Mrs. Mary Billingslea			How related to deceased	daughter.	

CAUSES OF DEATH

(67)

Primary

General paresis (Senile)

How long

1 year.

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Harry Lyman Shittle

906 Gorsuch Ave.

Baltimore Md. 9

PHYSICIAN  
OR CORONER

Accident or Suicide

Greenmount Sanitarium  
E. M. Mitchell  
1201 Q. Fayette St.

Name  
in  
Full

Infant Samuel E & Mary Snowden  
Died at Chatolence

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Date of death 1960 Month 2 Day 14 Age — Months — Days —

Sex Female Color or Race Colored Birth-place Balt. Co. Md

Occupation — Where Residing if not at place of death Chatolence

Married, Single or Widowed S Name of Wife or Husband —

Father's Name Samuel E. Snowden Father's Birthplace Balt. Co. Md

Mother's Maiden Name Mary Beaufit Mother's Birthplace Virginia

Name of person giving Information Samuel E. Snowden How related to deceased Father

CAUSES OF DEATH

Primary Stillborn — How long S

Immediate Brach Presentation — undescended by midwife How long

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician Henry C. Mayson

Address

Accident or Suicide

W. H. Hazlitt  
W. H. Hazlitt

Name  
in  
Full

Child of Thos. & Amelia Stein

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at		town	County		MARYLAND		
Date of death 190	Month	Day	Years	Months	Days		
	2	3	—	—	—		
Sex	Female	Color or Race	Age	Birth- place			
Occupation	none	Where Residing if not at place of death			3807 Mt Pleasant		
Mariad, Single or Widowed	Name of Wif or Husband		Father's Birthplace			Annapolis	
Father's Name	Thos. Stein		Mother's Birthplace			Balto	
Mothsr's Maiden Name	Amelia Storack		How related to deceased			Father	
Name of person giving Information	Thos Stein						

CAUSES OF DEATH

Primary

Premature delivery of 6 lb.

Immediats

Mouth

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

How long

How long

8

Accident or Suicid

St. Matthew's  
Oak Lawn Cemetery

Heinrich & Son

2/4/10

Name  
in  
Full

Gilla Strickland

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Arlington Town Baltimore County  
Date of death 1960 Month 2 Day 21 Year 35 Month — Days —  
Sex Female Color or Race white Birth-place Penna  
Occupation House Girl Where Residing if not at place of death Arlington  
Married, Single or Widowed Single Name of Wife or Husband  
Father's Name Howard Strickler Father's Birthplace Penna  
Mother's Maiden Name May A. Wood Mother's Birthplace "  
Name of person giving Information Carroll H. Thomas How related to deceased None

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Natural Causes

Immediate

Found dead in bed

Are the name, age, sex, color, date and place correctly given above?

Yes

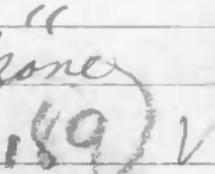
Signature of Physician

Address

Richard A. Bevan J.D.

Acting Coroner  
Arlington MD

Accident or Suicide



J. H. Kratz  
Wm. H. Kratz

Name  
In  
Full

Gretie Thompson

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death	1940	Month 2	Day 28	Age 40	Years	Months Days
Sex	Female		Color or Race	white	Birth-place	Norway
Occupation	House wife		Where Residing if not at place of death		Maryland Hospital for Insane	
Married, Single or Widowed	Married	Name of Wife or Husband	Frank Thompson		husband	
Father's Name	Hans Rolfs		Father's Birthplace		Norway	
Mother's Maiden Name	Anna Anderson		Mother's Birthplace		"	
Name of person giving Information	Frank Thompson		How related to deceased		husband	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Dementia Praecox		27	How long	8 years
Immediate	Pulmonary Tuberculosis		6 months	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	R. E. W. Garrett		
		Address	Md Hospital for Insane Catoctinville Md		
Accident or Suicide?	No				

Mt Carmel Cemetery

March 2<sup>nd</sup> 1910

Christian Miller  
2334 Jefferson St

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Annie Marie Vogel. Town County  
Died at 4 Highland today, Baltimore, MARYLAND  
Date Month Day Years Month Days  
of death 1901 Feb. 15 43 10 20  
Sex Females. Color or Race White Birthplace Germany.  
Occupation House wife. Where Residing if not  
at place of death 1020 Donald St.  
Married, Single or Widowed Widow. Name of Wife or Husband  
Father's Name John Vogel. Father's Birthplace Germany.  
Mother's Maiden Name Amy Apelley. Mother's Birthplace Germany.  
Name of person giving Information Albert A. Dauer. How related to deceased Grand Son.

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Feebility and Senility.

120

How long

Immediate

Cardiac asthma.

How long

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

W. Holland Jr. M.D.  
614 S. Charles St.,

Accident or Suicide

Andalakes. —

Wendell Dippel & Son. —

Burial. — Holy Rosary Cemetery —  
Sacred Thurs. Feb. 18-1910.

Name  
in  
Full

Ruth Katie von Hagel

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Town

Reisterstown

County

Baltimore

MARYLAND

Month

Month

Day

Year

Years

Month

Day

of death 1910

Feb

15

Age

2

28

Sex

Female

Color or  
Race

white

Birth-  
place

Reisterstown

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

James Whitman von Hagel

Father's  
Birthplace

Spring City Pa.

Mother's  
Maiden Name

Emma Wilhelmina Schaefer

Mother's  
Birthplace

Baltimore Md.

Name of person giving  
Information

J. W. von Hagel

How related  
to deceased

Father

CAUSES OF DEATH

Primary

Marasmus

151

How long

About 2 mo

Immediate

Exhaustion

How long

Two weeks

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

J. W. Slade

Reisterstown Md

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

Willie A Walstum

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town  
Diad at 3421 Pitts & County Balt

MARYLAND

Date Month Day Years Month Days  
of death 1900 2 17 46

Sex Female Color of Race Whit Birthplace Va

Occupation Housekeeper Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband John F Walstum

Father's Name Harry Filer Father's Birthplace Va

Mother's Maiden Name Unknown Mother's Birthplace Va

Name of person giving Information John F Walstum How related to deceased Husband

CAUSES OF DEATH

Primary

Chronic ~~epileptic~~  
Cerebral dropsy

120

How long

Immediate

6

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

McM. McDooley M.D.  
839 S. Calvert St.

PHYSICIAN  
OR CORONER

Accident or Suicide

William Dook  
502 E. North ave.  
Undertaker

Western Cemetery.  
Tues. Feb 21-1910.

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

<b>(Matts), Josephine, Bello</b>				<b>CERTIFICATE OF DEATH</b>			
Died at		Town	County	Died at		MARYLAND	
Date of death	1960	Month Feb	Day 18	Age	69	Months	Days
Sex	Female	Color or Race	white	Birth-place	Virginia		
Occupation	None	Where Residing if not at place of death			<input checked="" type="checkbox"/>		
Married, Single or Widowed	Single	Name of Wife or Husband	<input checked="" type="checkbox"/>			Father's Birthplace	unk
Father's Name	unk				Mother's Birthplace		
Mother's Maiden Name	unk				How related to deceased		
Name of person giving Information				<input checked="" type="checkbox"/>			—

**CAUSES OF DEATH**

Primary

Valvular Disease of Heart

79

How long

3 mos

Immediate

Pulmonary Edema

48 hours.

Are the name, age, sex, color, date and place correctly given above?

Yes

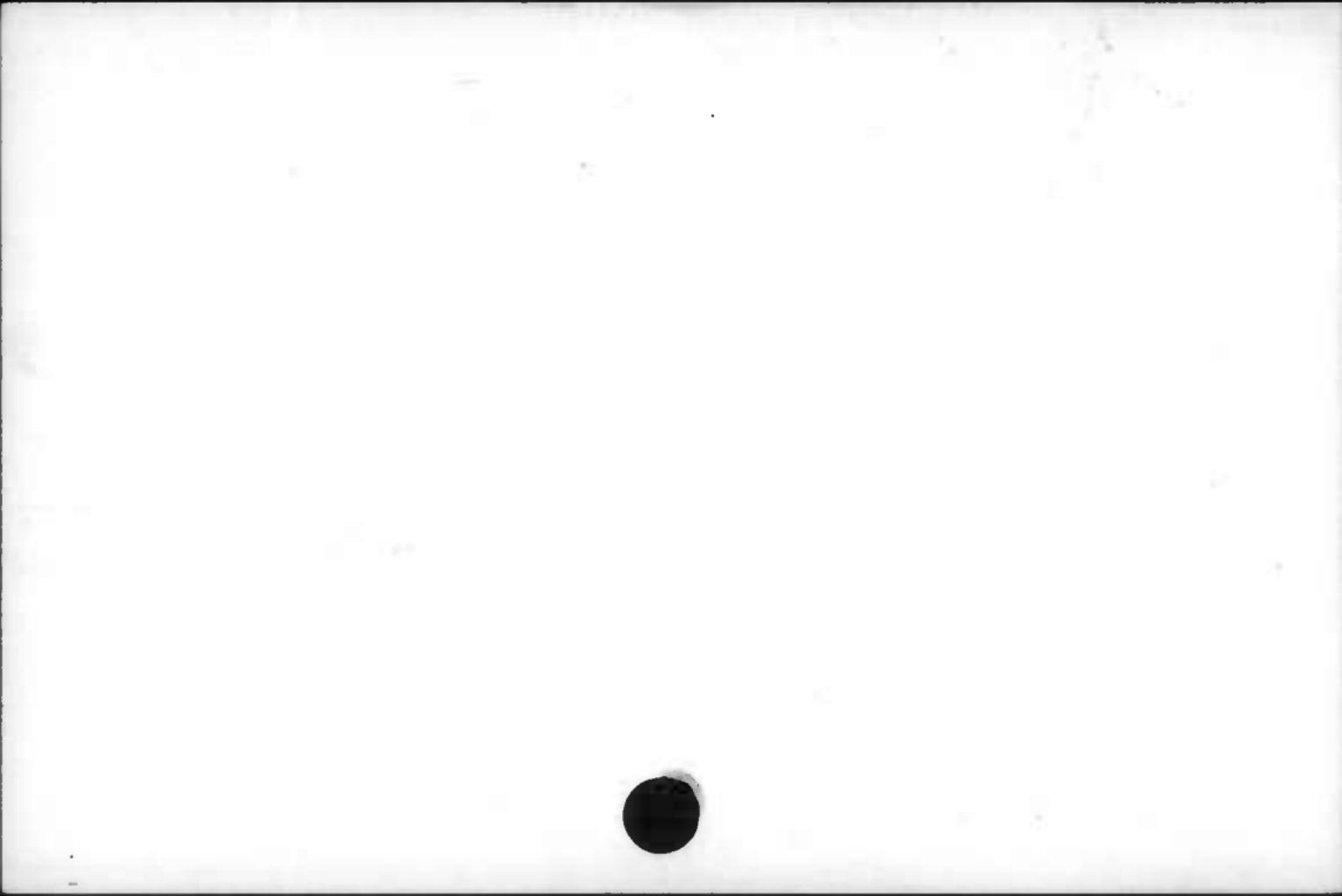
Signature of Physician

Address

Percy nude  
Leetonville, Md

Accident or Suicide

No.



Name  
in  
Full

John W. Webb

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Cockeysville	Baltimore			
Date of death	Month	Day	Years	Months	Days
1900	2	8	49	7	5
Sex	Male	Color or Race	White	Birth-place	
Occupation	Bottom Mill Operator (Subpt)			Where Residing if not at place of death	
Married, Single or Widowed	Name of Wife or Husband		Cockeysville		
Father's Name	Blanch E. Webb			Father's Birthplace	
Mother's Maiden Name	Caroline Wheat			Mother's Birthplace	
Name of person giving information	Blanch E. Webb			How related to deceased	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Pneumonia -

27

How long

Two years

Immediate

General Exhaustion

6 mos

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Dr. Drack

Cockeysville

MD 8

Accident or Suicide?

Interment Western  
Cemetery Baltimore

Feb 10<sup>th</sup>

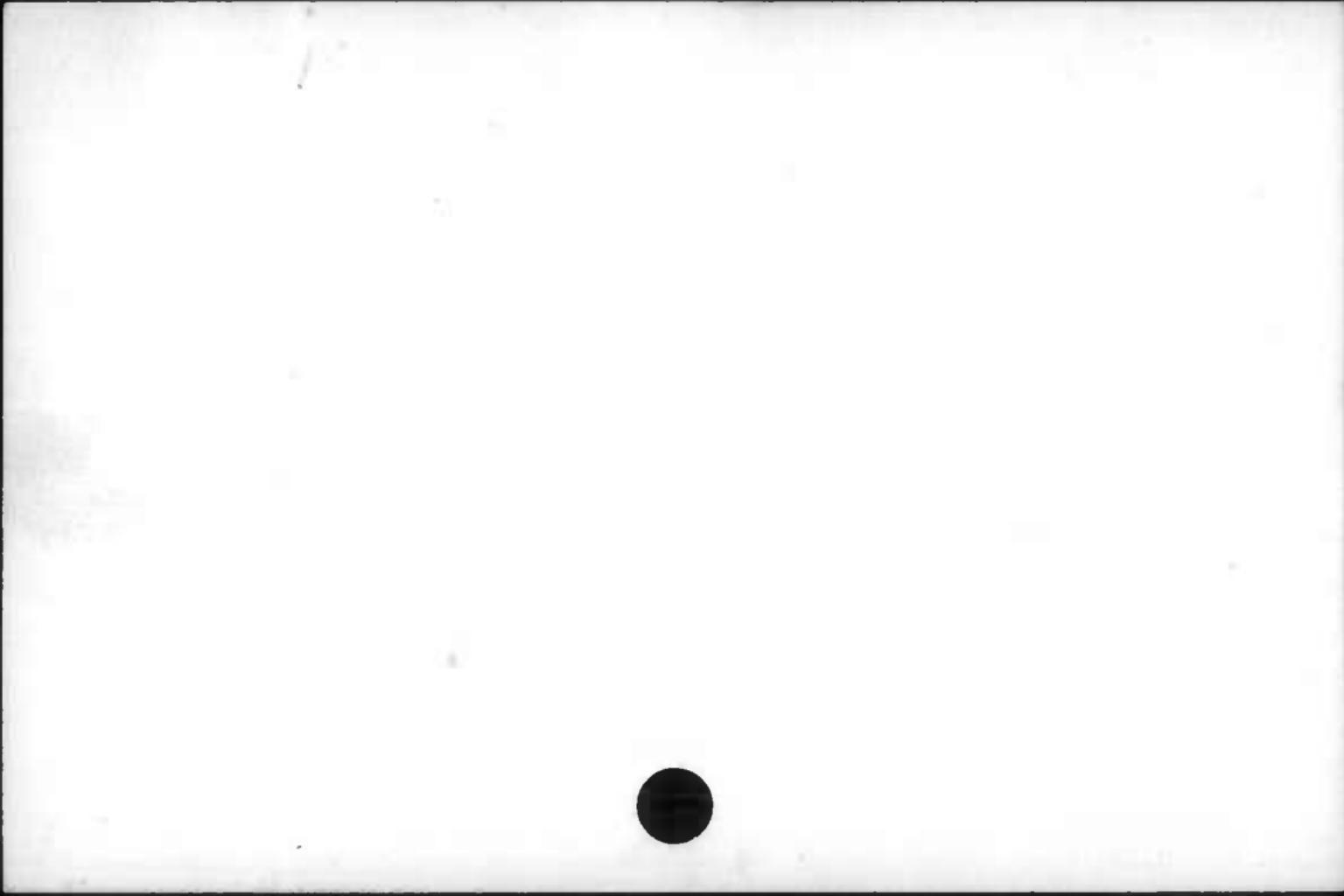
W. C. Brooks

Name  
ink  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Bertha Whitley				CERTIFICATE OF DEATH			
Town		County		MARYLAND			
Sparrows Point, Balto.							
Died at							
Date of death	Month	Day	Years	Months		Days	
1960	Feb	26	—	—		3 hours	
Sex	Female	Color or Race	col	Birth- place		Sparrows Pt.	
Occupation	none	Where Residing if not at place of death			Sparrows Pt.		
Married, Single or Widowed	Single	Name of Wife or Husband	none	Father's Birthplace		Va	
Father's Name	John Whitley				Mother's Birthplace		Md.
Mother's Maiden Name	Annie Jones				How related to deceased		Father
Name of person giving Information	John Whitley				176	How long	15'2
CAUSES OF DEATH							
Primary	Delayed birth of head	Brach	attended by				
	{ presentation	1 hour.	midwife				
Immediate	Central Congestion				How long		3 hours
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician	G. J. McCormick M.D.		
				Address	Sparrows Point.		
Accident or Suicide				no	15		



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Virginia G. Wilson

Town

Govans

County

Baltimore

CERTIFICATE OF DEATH

MARYLAND

Died at

Date  
of death 1940 Feb

Month  
Feb  
Day  
6

Years  
63

Months  
0

Days  
0

Sex Female

Color or  
Race American

Birth-  
place Baltimore

Occupation  
F.C.

Where Residing if not  
at place of death  
Govans Boro.

Married, Single  
or Widowed  
Widow

Name of Wife or  
Husband William Wilson

Father's  
Birthplace Baltimore

Father's  
Name Stephen Crombly

Mother's  
Maiden Name Sophia Diehl

Name of person giving  
Information Charles G. Bode

CAUSES OF DEATH

154

How long  
1 year

How long  
1 week

Primary General break down from age

Immediate Heart weakness

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

E. H. Deacon  
Govans Boro. Md.

Accident or Suicide?

Joseph Jordans. & Done.

Balto Cemetery.

Name  
in  
Full

Jane Parry Winslow

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Roland Park		County Baltimore		MARYLAND	
Date of death 1910	Month Feb.	Day 14th	Years Age 80	Months 6	Days 22
Sex female	Color or Race white	Birth-place Philadelphia, Pa.			
Occupation none	Where Reading if not at place of death				
Married, Single or Widowed	Name of Wife or Husband Caleb Winslow				
Father's Name Oliver Parry	Father's Birthplace New Hope, Pa.				
Mother's Maiden Name Rachel Randolph	Mother's Birthplace Philadelphia				
Name of person giving Information John R. Winslow	How related to deceased son				

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

Primary

Intestinal Carcinoma (?)

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

M. Gibson Porter  
Roland Park Md.

Accident or Suicide

No

41

✓

How long

Do not know

How long

9

Place of burial Friends Cemetery <sup>Holy</sup> Oxford <sup>Pa.</sup>

W. W. Jenkins & Sons Co

Oxford & McCulloch Sts.

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Constantine Winterling

CERTIFICATE OF DEATH

MARYLAND

Died at Highlandtown Balto

Month Day Years

Date of death 1940 Feb. 19 49

Months Days

Sex Male Color or Race

Occupation Baker

Birth-place Germany

Married, Single or Widowed Married Name of Wife or Husband

Father's Name Sebastian Winterling

Mother's Maiden Name Veronica Goldbacks

Name of person giving Information

Where Residing if not at place of death

3222 Foster Ave

Christina Winterling

Father's Birthplace Germany

Mother's Birthplace .....

How related to deceased Wife

CAUSES OF DEATH

Primary

Proctomed oil.

Immediate

Pulmonary Hemorrhage

Are the name, age, sex, color, date and place correctly given above?

Cadaver sent to

Signature of  
Physician

Address

164

How long

185

How long

3 days

How long

6 to 8 hrs.

Accident or Suicide

Undertakers. —  
Lilly and Geil.

Burial. — Holy Redeemer Cemetery,  
Feb. 22-1910. —

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Dorothea Winterstein  
Died at Highlandtown Baltimore.

Town  
Month  
Date of death 1960 Feb.

Day  
13

County

Age 7 Years

Months 2

Days 25

MARYLAND

Sex Female

Color or  
Race

White

Birth-  
place

Germany

Occupation

Housewife

Where Residing if not  
at place of death

Married, Single  
or Widowed

Widow

Name of Wife or  
Husband

Father's  
Name

Benjamin Brauer

Father's  
Birthplace

Germany.

Mother's  
Maiden Name

Not Known

Mother's  
Birthplace

"

Name of person giving  
Information

Winterstein

How related  
to deceased

Son

CAUSES OF DEATH

Primary

Cordis dis - Salvocon

79

✓

How long

one year

Immediate

Cordis paroxys

How long

another -

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

Dr. Robert Winterstein  
1258 Belvoir

Accident or Suicide

CERTIFICATE OF DEATH

OFFICE SUPPLY CO. 2384

A. Soanek & Sons.  
Feb. 16<sup>th</sup> 1910.  
Balticaw Laundry.

Mr. Bremer

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Wareya Ware  
mt women

CERTIFICATE OF DEATH

Died at

Town

County

Month

Day

Years

MARYLAND

Months

Days

Date  
of death 1910

Feb.

12

Age

44

Sex

Color or  
Race

colored

Occupation

Domestic

Where Reading if not  
at place of death

Married, Single  
or Widowed

Widow

Name of Wife or  
Husband

Father's  
Name

Jay Baled

Father's  
Birthplace

Washington

Mother's  
Maiden Name

Lizzie Ware

Mother's  
Birthplace

Virginia

Name of person giving  
Information

Jay Baled

How related

Wallie

Primary

Tuberculosis

27

How long

1 year.

Immediate

Exhauation.

2 weeks.

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

Washington  
mt women  
Wed, 17

Accident or Suicide

George Hooper  
Mt Auburn Cemetery.

Name  
in  
Full

George C. Worden

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town Texas			County	MARYLAND		
Date of death	1940	Month 2	Day 6	Years 34	Months	6	Days
Sex	Male	Color or Race	white	Birth-place	Texas, Md		
Occupation	Labour			Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband				Father's Birthplace	Chestnut Ridge
Father's Name	George Worden			Father's Birthplace	Chestnut Ridge		
Mother's Maiden Name	Margaret Parks			Mother's Birthplace	Chestnut Ridge		
Name of person giving information	Geo. Worden			How related to deceased	Father		

CAUSES OF DEATH

27

How long

How long

PHYSICIAN  
OR CORONER

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Dr. F. B. Bussey

Address

Texas  
Md

Accident or Suicide?



Interment at Grace  
Cemetery Chertmoor  
Bridge Wednesday 9<sup>th</sup>

W. C. Brooks

Name  
in  
Full

Sylvia A. Gingling

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Arlington

Town

County

MARYLAND

Date  
of death

1910

Month

Feb

Day

6

Years

89

Months

Days

Sex

Female

Color or  
Race

white

Birth-  
place

Carroll Co. MD

Occupation

None

Where Residing if not  
at place of death

Arlington MD

Married, Single  
or Widowed

widow

Name of Wife or  
Husband

John A. Gingling

Father's  
Name

Peter Knight

Father's  
Birthplace

Carroll Co. MD

Mother's  
Maiden Name

Anna Romyle

Mother's  
Birthplace

Carroll Co. MD

Name of person giving  
Information

Maria S. Rassing

How related  
to deceased

Daughter

PHYSICIAN  
OR CORONER

Primary

CAUSES OF DEATH

Immediate

Old age

154

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

Six weeks  
C.B. Euson M.D.  
Arlington MD

Accident or Suicide

no

J. F. Eline

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Mukden NewBorn Female Infant				CERTIFICATE OF DEATH			
Died at		Town	County	MARYLAND			
Date of death	190	Month	Day	Years	Months	Days	
Sex	Female	Color or Race	Mukden	Birth-place	NewBorn Mukden		
Occupation	None	Where Residing if not at place of death					
Married, Single or Widowed	Single	Name of Wife or Husband	None				
Father's Name	Mukden		Father's Birthplace Mukden				
Mother's Maiden Name	Mukden		Mother's Birthplace Mukden				
Name of person giving Information	Police Department		How related to deceased wife				
CAUSES OF DEATH							
Primary	Strangulation & Disorganization of Brain from Blew						
Immediate	Immediate						
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Frederick L. Lachendorf				
		Address	Coroner				
Murder							

Accident or Suicide

